Sun Country Health Region

ANNUAL REPORT

2002-2003

Primary Care Centre Dedication - Estevan

Vision

"A Healthy Community"

MISSION

"To promote health and to respond to the needs of the community"

Goals

- **Health Services will be reasonably accessible and available to all the residents of the Region.**
- **To increase the awareness of the health services provided by the Region.**
- **To ensure the development of an education strategy that places greater emphasis on the wellness philosophy of health care including health promotion, the prevention of illness, health maintenance and the promotion of independent living.**
- **To recruit, retain and develop the Region's Human Resources.**
- **Provide an effective and comprehensive range of health services.**
- **To be fiscally responsible.**
- **To ensure regular assessment of the services provided in the Region.**

Letter Of Transmittal

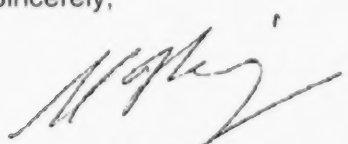
The Honourable John Nilson
Minister of Health
Province of Saskatchewan
Legislative Building
REGINA, Saskatchewan
S4S 0B3

Dear Mr. Nilson:

On behalf of the Sun Country Regional Health Authority, it is a pleasure to present to you our Region's Annual Report for the year ending March 31, 2003 in accordance with the Regional Health Services Act.

A progress report on our activities and achievements during the fiscal year and complete audited financial statements are contained within this report.

Sincerely,



Earl Kickley, Chair
Sun Country Regional Health Authority

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CEO and Board Chair Message

Annual Report 2002- 2003

We would like to start the 2002-03 Annual Report by thanking all staff and the public for their support in making the transition from a District to a Region a success.

On March 5, 2002 the Regional Health Authority Planning Committee held their first meeting and by August 1, 2002 the fully appointed Board assumed responsibility for the amalgamation and regionalization of the Health Districts into one Region. The Vision, Mission and Goals and Objectives were established as a basis to ensure the continuity of health services to the public and progression toward Saskatchewan's Action Plan.

The Sun Country Regional Health Authority is pleased to announce that all programs and services were provided within the allocated budget and a slight surplus is projected for the 2002-03 fiscal year.

A major accomplishment that staff and public should be proud of is the Strategic Planning Session, which brought approximately 150 staff and public together to plan goals and objectives for the region for the next three years. Thank you to all.

After approximately five years of planning, in partnership with SaskHealth and the public, we have received approval to proceed with the building of a new 135-bed long-term care home in Weyburn. We are confident that the programs and treatment approach will be a model for long-term care in the future.

For the first time, accreditation for the three previous Health Districts was achieved, which means that all the programs and services in the Sun Country Health Region are fully accredited. This is a major milestone and staff are to be complimented.

The Sun Country Regional Health Authority is reaching out to the public in an attempt to seek advice regarding future directions. One Community Advisory Network (south western area of the Region) is in place. The Health Authority is working on establishing a second Community Advisory Network. The Health Authority also holds open Board Meetings in various communities within the Region. Several meetings have also been held with various rural community organizations.

We would like to close this report by recognizing the excellent work of the three amalgamated Health District Boards and staff. The accomplishments in the 2002-03 fiscal year are shared with the previous South East Health District, Moose Mountain Health District, and South Central Health District Board members and staff.

Thank you,

Earl Kickley, Chair
Sun Country Regional Health Authority

Lee Spencer, CEO
Sun Country Health Region

Back row, left to right:
Alan Arthur, Natalie Bieberdorf, Louise Sjovold, Rita Dash, John Empey

Front row, left to right:
Darlene Standing Ready, Sharon Bauche, Earl Kickley, Marguerite Gallaway, Maurice Koszman

Missing: Jack McFarlane

INTRODUCTION OF BOARD MEMBERS AND SENIOR MANAGEMENT TEAM

Sun Country Regional Health Authority Board of Directors

Mr Earl Kickley (Chairperson)	Lampman
Ms. Sharon Bauche	Antler
Mr. Alan Arthur	Redvers
Ms. Darlene Standing Ready	Carlyle
Mr. Maurice Koszman	Bengough
Ms. Louise Sjovold	Weyburn
Ms. Natalie Bieberdorf	Weyburn
Ms. Rita Dash	Kipling
Mr. Jack McFarlane	Carnduff
Mr. John Empey	Estevan
Ms. Marguerite Gallaway	Estevan
One position to be filled	

Leadership Team (Senior Management)

Mr Lee Spencer	Chief Executive Officer
Mr Lloyd Searcy	VP Corporate and Financial Services
Ms. Marga Cugnet	VP Primary and Integrated Health Care
Mr Dave Galloway	Director of Facilities – South & Communications/CQI
Mr. Murray Goeres	Director of Facilities – East
Ms. Janice Giroux	VP Community Programs
Mr. Don Ehman	VP Human Resources

Year of Transition

The year covered by the Annual Report 2002- 2003 was a year of beginnings and transition for the Sun Country Health Region. In August 2002 three former Health Districts, South Central Health District, South East Health District and Moose Mountain Health District, amalgamated to form the new Sun Country Health Region (Region #1). Progress has been made in forming this new region and creating a regional identity, but there is still a lot of work to do. At year end we were in transition in making our services truly regional and making our governance structure truly functional.

Consumer groups and staff members are adjusting to the new entity of the Sun Country Health Region. Both groups are looking forward to the excellent services that are and can be delivered by the Region. When reading the following sections, the progress and accomplishments that have happened to date need to be seen in a transitional framework.

Mission, Vision, Values

Goals & Objectives:

The goals and objectives of the Sun Country Health Region, have been approved by the Regional Health Authority Board. They are congruent with the Goals and Objectives for the Health system, that are presented by Saskatchewan Health in the Performance Plan.

PROVINCIAL GOAL 1

- **Improved Access to Quality Health Care Services**

Sun Country Health Region Goal 1

- **Health Services will be reasonably accessible and available to all residents of the Region.**

Objective:

- To develop/maintain facilities and services where needed to meet the goal of reasonable access.
- To promote/develop primary health/care services within the Saskatchewan Action Plan Guidelines.

PROVINCIAL GOAL 2

- **Effective Health Care Promotion and Disease Prevention**

Sun Country Health Region Goal 2

- **To increase the awareness of the health services provided by the Region**

Objective:

- To ensure the development of a long-term communication/education strategy, that addresses the needs of the residents, clients and staff.
- To cultivate a partnering with other service providers (e.g., Education, Social Services), to increase communication and efficiencies; and, promote a seamless continuum of care.

Sun Country Health Region Goal 3

- **To ensure the development of an education strategy that places greater emphasis on the wellness philosophy of health care including health promotion, the prevention of illness, health maintenance and the promotion of independent living .**

Objective:

- To promote healthy lifestyles that will improve the quality of life that will make the most productive use of the health care resources.

The **Vision** of the Sun Country Health Region is:

"A HEALTHY COMMUNITY"

The **Mission** of the Sun Country Health Region is:

"TO PROMOTE HEALTH AND TO RESPOND TO THE NEEDS OF THE COMMUNITY"

Values Statement:

- We value mutual respect, honesty and trust.
- We value openness with our community to create informed decision making.
- We value social and ethical responsibility and accountability.
- We value privacy, confidentiality and compassionate care.
- We value sense of ownership by those associated with the mission of the Regional Health Authority.
- We value our staff, physicians, and volunteers as our most valuable resource.

- To promote a health work environment for Regional Staff, Facilities, and Programs

PROVINCIAL GOAL 3

- **Retain, Recruit and Train Health Providers**

Sun Country Health Region Goal 4

- **To recruit, retain and develop the Region's Human Resources**

Objectives:

- To foster a climate that balances family and the workplace.
- To provide high quality health services in an environment that encourages the pursuit of excellence.
- To establish and maintain a Human Resources Plan for the Region.
- To establish and maintain a Physician Resources Plan for the Region.
- To cultivate a positive relationship with health care training programs and encourage student practicum placements within Regional programs.

Did You Know...

Reducing the number of inactive Canadians by 10% could result in annual health savings of $5 billion.

PROVINCIAL GOAL 4

- **A Sustainable, Efficient, Accountable and Quality Health System**

Sun Country Health Region Goal 5

- **Provide an effective and comprehensive range of health services**

Objectives:

- To co-ordinate and integrate all health services in the Region.
- To ensure that health services are client centred and focus on the needs of the client.
- To ensure efficient, effective program development.

Did You Know...

Canadians have the third highest average for life expectancy, just behind the Swiss and the Japanese... for Canadian men the average is 75.7 years and for Canadian women 81.4 years.

Sun Country Health Region Goal 6

- **To be Fiscally responsible**

Objectives:

- To provide optimal levels of health services while ensuring the efficient use of available resources.
- To ensure that the financial plan reflects the strategic plan.
- To operate within available funding.
- To monitor the financial position.

Sun Country Health Region Goal 7

- **To ensure Regular Assessment of the Services Provided in the Region**

Did You Know...

It takes about three minutes to do a thorough job of brushing your teeth, gums and tongue; the average person spends only 37 seconds.

Objectives:

- To measure and report on the health status of the population of the Sun Country Health Region utilizing health status indicators.
- To continue to develop strategies to address the determinants of health and focus resources on those strategies.
- To develop a process for identifying the long term needs of the Region.
- To ensure the consistent application of quality standards throughout the Region.

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Governance and Organization

The role of the Sun Country Regional Health Authority is to efficiently and effectively manage health care services within the boundaries of the region. Within the boundaries there are:

- 2 District Hospitals (one is an affiliate),
- 3 Community Hospitals,
- 9 Integrated Facilities (one is an affiliate),
- 2 Health centres,
- 7 standalone Long-term Care facilities (one is an affiliate),
- 1 10-bed Inpatient Mental Health Unit,
- 1 Seniors Housing complex, and
- 17 Ambulance Services of which 13 are managed by the Region, three are volunteer and one is private.

In addition, the Region provides a complex array of community programs including:

- Home Care
- Community Mental Health
- Health Promotion
- Public Health
- Public Health Inspection
- Parenting Skills Education Programs
- Acquired Brain Injury Programs
- Community Dietician Programs
- Speech Language Pathology Services
- Physiotherapy and Occupational Therapy
- Medical Health Officer Services
- Successful Mothers' Program
- Adult Sex Offenders Program
- Alternatives to Violence Programs
- Community Palliative Care Services

Did You Know...

The Sun Country Health Region, our clients and communities, benefit from the energies and resources provided by 500 to 700 volunteers. Thousands of volunteer hours go to services such as pastoral/spiritual care, personal care, palliative care, resident transportation and resident entertainment.

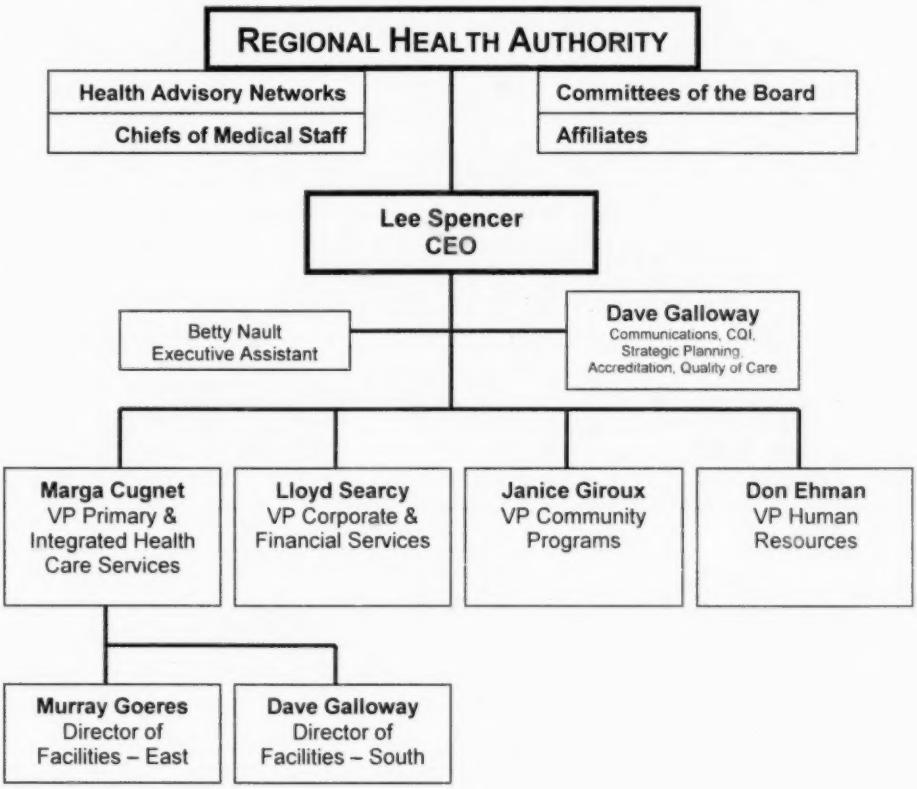
Did You Know...

One in four hospitalizations for patients age 50 or over is caused by medication problems.

Did You Know...

To prevent many farm and recreational injuries, you must remember and practice the important rule "NO RIDERS" on any powered equipment.

The Sun Country Health Region is managed by the Sun Country Regional Health Board. This Board has adopted the Carver Model of policy governance and administration. This model endeavours to ensure that the Board is accountable and the organization works. The Board is where all the authority resides, though some is delegated to others. This simple, total authority and total accountability is true of all Boards that have true governing authority. Boards are almost always forced to rely on others to carry out the work, to exercise most of the authority, and to fulfill most of the accountability.



Since the actual running of the organization is substantially in the hands of Management, then it is important to the Board that Management be successful. This requires the Board to be very clear about its expectations, and then to check to see if the expectations have been met. Policy governance model promotes a single point of delegation, through the Chief Executive Officer, and holds this position accountable for meeting all of the expectations for the organization's performance. When it is said that the Board is responsible for making sure that the organization functions effectively, what is meant is that the organization accomplishes the intended results for the intended people at the intended cost or priority.

Board Committees

There are currently eleven members who sit on the Board; there is one vacancy to be filled. At present the Board has three working committees: Executive, Finance, and Strategic Planning and Needs Assessment. The terms of reference for the Executive Committee are still to be developed. The other two Board committees have either approved or drafted Terms of Reference.

The Strategic Planning and Needs Assessment Committee consists of at least six Board members, three Senior Staff members, representatives from Staff, Management, Medical Staff and Community (as needed) and additional resource persons as needed. This Committee's Terms of Reference have been approved. The purpose of the Committee is to develop and evaluate the Strategic Plan of the SCHR; this plan will then guide the development of current and future services and programs. The Committee also identifies issues facing the Regional Health Authority and evaluates the resources, programs and capabilities as they relate to the Needs Assessment. The Committee makes recommendations for establishing priorities for future capital expenditures and resources required to implement the Strategic Plan and develops key strategies for achieving its short and long term goals. It evaluates and prioritizes submissions for new or expanded programs and proposals.

The Terms of Reference for the Finance Committee were drafted, but not formally approved. The members for the Finance Committee include the Board Chairperson (ex-officio), other members appointed by the Board and the CEO. The Committee oversees the management of all funds, in accordance with Provincial guidelines and accepted accounting and auditing principles, and ensures that reporting requirements and public disclosure is adhered to in accordance with relevant legislation. It provides advice and recommendations to the Board on a monthly basis and ensures that policies and procedures are established for financial matters.

Description of Transition

The Sun Country Health Region became a legal entity on August 1, 2002 in accordance with the Regional Health Services Act. The new Board, including the Chairperson, were all appointed by the Minister of Health. The new Board then recruited a CEO, who was named in the summer; members of the Leadership Group (Senior Management) were chosen a short time later.

Did You Know...

In Canada, one in four women and one in eight men over 50 years of age have osteoporosis.

Did You Know...

Eighty per cent of the sun's rays can penetrate clouds, haze or fog, and that a suntan is actually evidence of sun damage to the skin.

Did You Know...

One can of your favourite cola (non diet) contains at least 10 teaspoons of sugar.

The Sun Country Health Region was formed around the boundaries of the former Moose Mountain Health District, the South East Health District and the South Central Health District. The transition process was eased somewhat by the fact that there had been a services agreement among the three previous districts that had allowed them to share some services and to establish relationships with each other.

For an organization that is less than one year old, the transition process has gone very well. There have been many regionalization successes that have been achieved since the formation of the Region. Departments are organized on a regional basis and services are being provided in that manner.

Public Transparency

Did You Know...

Health is a resource for living, not an end in itself - we value good health because it allows us to do what we want with our lives.

Maintaining public transparency in the new Region is a process that is ongoing. Significant achievements have included:

- Inviting staff members and community representatives to attend and participate in the Regional Strategic Planning process.
- Development of strategies to provide regular and timely communication to the staff and the public through the Communications Department.
- The printing and making available of copies of the Annual Report.
- Making copies of information from the Board Meetings available to interested community groups.
- Professional initiatives such as Accreditation by the Canadian Council of Health Services Accreditation, Ottawa.

Community Advisory Networks

The Region is considering the establishment of five Community Advisory Networks in accordance with section 28 of the Regional Health Services Act. One Community Advisory Network in the South Western area of the Region, has been established. Terms of Reference for these community groups have been drafted but not formally approved.

The purpose of the Community Advisory Networks is to promote active citizen participation. In the Sun Country Health Region three rural networks, each having six to eight members and two urban networks (Weyburn and

Estevan) are proposed. Members are recommended by community leaders and affirmed by the Regional Health Authority. It is proposed that Network meetings will be co-chaired by a Network member and a Health Authority member.

Network boundaries are still being considered. At year end proposed boundaries included the communities of:

1) Stoughton, Fillmore, Arcola, Wawota, Carlyle, Kipling, Redvers
2) Coronach, Bengough, Radville, Pangman, Ogema
3) Midale, Lampman, Oxbow, Carnduff, Bienfait, Gainsborough
4) City of Estevan
5) City of Weyburn

The Community Advisory Networks will represent the public by communicating community needs to the Regional Health Authority. They will also assist in communicating information to the public in their area and by presenting recommendations on community health issues. This process will assist local residents in having a voice in decisions in health care matters.

Did You Know...

The most common reported activities among adults aged 25 –44 are walking and gardening.

Did You Know...

If all Canadians were to become physically active there would be:

- 24% fewer deaths from cardiovascular disease
- 27% fewer deaths from type 2 diabetes
- 20% fewer deaths from colon cancer
- less obesity
- more Canadians who felt happier and healthier

Major Initiatives and Accomplishments

For a new organization, the Sun Country Health Region has accomplished much in a short time period. However many of these new initiatives have brought changes that need to be seen as "works in progress" rather than completed accomplishments.

Since Regionalization in August 2002 a Board has been named, received orientation and started its work to set the direction for the SCHR. In September 2002 the CEO was appointed; subsequent to this a new Management Team was named. Considering the start up time for any new group and the consolidation of Management responsibilities, the progress to date has been remarkable.

Rationalization of services and reorganization have been the greatest challenges over the past year. Provision of services had to be planned and set up on a regional basis; staff and consumer groups had to think of a regional framework rather than within the scope of their old Health Districts. The three previous Health Districts were already sharing some services under a previous Service Area Agreement;

Did You Know...

Only one third of the population is physically active on a regular basis.

in some areas this assisted the process of "Regional" thinking. However, creating a Regional Identity is our biggest challenge that will take time to complete. Although we have a new name, logo and letterhead, it will take much more to develop a regional culture. Our staff and consumer groups are to be commended for the acceptance that they have shown while these changes are taking place.

A number of initiatives have taken place, particularly in the last six months; accomplishments are in progress. These have been in three major areas:

Did You Know...

A major change in a society's pattern of health usually requires a change in that society's values and customs.

Reorganization

- Regional Directors have been named for most services.
- Regional program model is being developed.
- Community Health has been able to develop enhanced partnerships with community stakeholders (i.e., School Plus).
- Prior directions of the previous Board were put in place in Wawota; an administrative building was closed and funding was reallocated to patient care; services were streamlined to meet the needs of the community.
- A review was started to gather information for the development of a strategy for Long Term Care Utilization.
- A Regional Study was initiated to consider the feasibility of a Regional distribution system for Materials Management.

Services

- The Medical Health Officer on-site presence was enhanced.
- A Primary Health Care site was established in Estevan.
- Renovations were made to the Laboratory at Weyburn General Hospital to make it a modern service.
- Joint Chiefs of Staff were appointed; one in Estevan and one in Weyburn.
- New electric beds were purchased for a variety of facilities.
- Regional CQI teams were developed.
- Convalescent care was switched to the Souris Valley Extended Care Centre from the Weyburn General Hospital.
- Established a Continuous Quality Improvement Service including handling of complaints.
- Installed state-of-the-art computerized digital X-ray equipment at the Weyburn General Hospital.
- The same or an enhanced level of service was delivered on a regional basis, with a slight surplus.

Standardization

- Regional standardization of Home Care Services
- Regional standardization of Payroll
- A consolidated Financial System for the Region
- Started the process of standardization of forms
- Started the process of standardization of Policies and Procedures

Other Key Accomplishments included:

- Site work of Tatagwa View (new replacement for 135-bed Long-term Care facility in Weyburn) and approval to move to tender
- Accreditation achieved in all three former Health Districts
- Approval of General Bylaws for the organization
- Vision/ Mission and Statement of Values set
- Established headquarters of the Region in Weyburn
- Selected a name for the Region
- Selected a Logo
- Established a Regional Staff Newsletter

Regional Environmental Scan

The Sun Country Health Region needs to know about demographics and the population's health status for many reasons. It's important to know:

- Who are the major groups in our area;
- What are the trends for increases or decreases in these groups;
- Where do these groups live;
- What the current health status is for our population;
- How the health status has changed over time, and how it may change in the future;
- How it compares to the Province as a whole.

Keeping track of health status information provides answers to the questions:

- How healthy is the population and is their health status improving?
- Who is healthy and who is not?
- What are the key health issues?

This information helps us to plan programs and services and anticipate future requirements in these areas. The Region will be able to identify groups that may need special services , and what needs to be included.

Did You Know...

Our environment is not only physical; it also has social, political and economic dimensions, and all of these aspects interact to exert a powerful influence on health.

Did You Know...

According to studies, Canadian Physicians are world leaders in keeping antibiotic and resistance rates down.

Did You Know...

For seniors living at home and in Long Term Care Facilities, studies suggest that better monitoring of chronic diseases and more co-ordinated care would lead to a decrease in the over usage of medication and an increase in the use of beneficial drugs.

Demographics

There are three main demographic factors affecting health service delivery, they are:

1) **The population is older than the Provincial average - especially in females**:
   - 18% of residents are over age 65; compared with 15% in the Province
   - Average age was 40 years, compared with 37 in the Province
   - 20% of female residents are over 65 years, compared with 16% in the Province

2) **The population is decreasing - a trend likely to continue in the future**:
   - between 1997 and 2002, the population decreased by 4.23%
   - According to projections, the population will decrease by 9.1% between 2000 and 2015
   - The General Fertility Rate, one indicator of population growth, decreased from 45.6 per 1,000 to 37.1 per 1,000 between 1995 – 2000.

3) **The population is primarily rural:**
   - 62% live primarily in towns and villages; outside of the two cities
   - However, the population is increasingly moving into the two cities (1982 - 30% in Weyburn and Estevan; 2001 - 38%)
   - 64% of the seniors' population (65 years and over) live rurally (towns, villages, rural municipalities)

Health Status

Health status measures suggest a comparatively healthy population in the region; however, rates of breast cancer, prostate cancer, respiratory disease and pneumonia/influenza are higher than provincial and national rates.

Ten Leading Causes of Death:

- acute myocardial infarction
- other forms of heart disease
- other cerebrovascular diseases
- other forms of ischemic heart disease
- lung cancer
- pneumonia
- prostate cancer
- chronic obstructive pulmonary disease
- diseases of the urinary system
- central nervous system diseases

Health Conditions:

- Coronary heart disease is a leading cause of death and hospitalization.
- 18.2 % report having arthritis and rheumatism.
- 5.2 % report having diabetes.
- 14.5 % report having high blood pressure; between 1995- 2000 hospitalization rates for this ailment were almost twice the provincial average.
- 13.5 % report pain and discomfort that affect activities.
- 8.6% report a diagnosis of asthma: this is a major cause of hospitalization for males and children (0 – 19 years).

Did You Know...

Secondhand smoke can lead to respiratory problems in children, and studies also suggest that it can even lead to unexpected health problems such as tooth decay.

Mental Health:

- The overwhelming majority of mental health diagnoses is depression and depression related illnesses; however, under 4 % of the population report symptoms of clinical depression.

Unintentional Injuries:

- Between 1995 and 2000 the total hospitalization rate for injuries and early complications of trauma was higher than the provincial rate.
- In males, fractures of the skull and intracranial injury was high.
- In females, fractures of the femur were almost double the provincial rate.

Did You Know...

Studies suggest that more funding does not necessarily result in better health care outcomes.

Well Being:

- 75 % of residents report positive functional health status, a significantly lower rate than provincial and national rates.

Mothers and Infants:

- Rates of teenage pregnancy are significantly lower than the provincial rates.
- Low birth weights (4.4 %) and high birth weights (13 %) are both less than the provincial rates.

Health Behaviours:

Future health status and chronic health conditions are often tied in with health behaviours and conditions.

- 42.5 % of the population are classified as being overweight (this compares to 39 % provincially and 32 % nationally).

- Only 35 % report being moderately physically active (compared with 44 % provincially).
- Only 30 % report eating fruits and vegetables at least 5 times daily.
- Rates of daily or occasional smoking (25 %) are lower than provincial figures, but exposure to second hand smoke (36 %) is higher than provincially (31 %).

Did You Know...

Less than one quarter of Medical School graduates across Canada have chosen to continue their training as Family Physicians. There could be a significant shortage of Family Physicians in the future.

Regional Economic Trends:
Employment and economic indicators for the Region are somewhat mixed. The incidence of unemployment and low income status are lower than average, however the economy is highly dependent on the performance of the unpredictable agriculture and resource sectors.

- Between 1996 and 2001, the Regional unemployment rate ranged from 2.6 % to 6.9 %; this was lower than provincial and national rates
- The long-term unemployment rate for the Region is 1.0 %; this is lower than the 2.0 % provincial rate and 3.3 % national rate
- With the exception of the Carlyle - Wawota – Arcola area, average incomes have been greater than or equal to the provincial average
- The low income rate for families, unattached individuals and private households is lower than either provincial or national averages

Did You Know...

Researchers are finding that a startling number of children are bordering on high blood pressure. This could lead to hypertension in their 20s and heart disease in their 30s.

Agriculture and Resource Sectors:
These are the major sectors of the Regional economy. Energy and mining have been economically sound, agriculture has experienced some challenges.

- Between 1995–2000 gross farm receipts increased by 5 %; however, there was a 15.2 % increase in operating expenses
- The number of farms is decreasing, those that remain are increasing in size; this adds to a decline in rural population.
- Between 1996 – 2000 average weekly earnings in both the coal mining and crude petroleum/natural gas industries rose by 9 %; the total personal income in the Estevan area has increased by about 43 % between 1993 and 2002. Average personal income in the Estevan are is about 3 % greater than the national average.

Social Factors:

- The Region has a significantly lower proportion of single parent families than either the provincial or national averages.
- Approximately 34 % of the region's seniors live alone; this equals the provincial percentage.
- The aboriginal population comprises 2.8 % of the population; the provincial figure is 11 %.
- The proportion of residents with at least some post secondary education has always been lower than provincially; however, this gap is shrinking.

Did You Know...

Telephone intervention with patients that reported fair to poor health status resulted in significantly lower medical charges.

Service Volumes:

- Although hospital separation rates dropped steadily between 1995 – 2000, they were still consistently higher than provincial rates
- The top ten reasons for hospitalization for our residents between 1995-2000 were:
  - Symptoms, signs and other ill defined conditions
  - Other forms of heart disease
  - Healthy live-born infants
  - Pneumonia
  - All other forms of ischemic heart disease
  - Complications of labour and delivery
  - Other reasons for contact with health services
  - Non-infective enteritis and colitis
  - All other diseases of the respiratory system
  - Asthma

Did You Know...

Many chronic patients are being cared for in Hospital, when they could be treated more appropriately in other locations.

Average Length of Stay:

- Between 1991 – 2001 average length of stay for both medical and surgical cases dropped considerably (28%) compared to 17% Provincially. By 2001, average length of stay for our residents (4.8 days) was less than that for the Province.
- Between 1991 – 2001 medical separations dropped by 42% and surgical separations dropped by 30%; total separations dropped by 41% during this period.
- In Day Procedures, medical increased by 102% and surgical by 224%; this compares with Provincial rates of 76% (medical) and 41% (surgical).

Migration:

- Since 1991 an increasing percentage of RHA residents have been accessing inpatient and day services in other regions (1991 – 41%; 2001 – 52%); this is greater than the Provincial rate of 24%.

- Hospitalizations for eye diseases and disorders, and those for lymphoma/leukemia are most likely to result in out of area hospital stays.
- Out of area deliveries have exceeded the Provincial average (37% for our Region, compared to 19.4% for the Province).

Did You Know...

Chronic diseases account for more than 60% of all medical costs, 70% of all deaths, and one third of the years of potential life lost before age 65

Services:

Home Care

- Both total clients and total services increased between 1991 – 2000, but in all cases these increases were less than Provincial increases.
- Nursing clients increased by 87%; nursing services increased by 80%.
- Meal services and clients increased by approximately 45%.
- Homemaking clients increased by 17%; homemaking services increased by 38%.

Did You Know...

Chronic disease management requires teamwork between the health care system, patient and family

Long-term Care

- Long-term care residents increased by 5% (lower than the Provincial increase of 14%).
- However, the demands on staff time increased markedly as Level 3 residents increased 51%, while Level 2 residents decreased by 65%.
- The average level of care in our region was 3.4, about the same as the Provincial figure.

Mental Health

- Either private individuals or the medical system referred over 66% of mental health clients.
- The majority (58%) are between the ages of 19 – 65 years of age.
- Almost 40% of mental health clients over 65 years of age live alone.
- The average length of treatment for all mental health clients is 220 days.

Did You Know...

Saskatchewan's one million residents make 4,700,000 visits to family Physicians every year.

Community/Client/Key Stakeholder Expectations:

- Our consumer groups and partners expect a continuation of services at existing levels.
- Residents expect reasonable access to services; residents in communities with no Facilities expect a high quality road ambulance system with reasonable response times.
- Rural residents expect that Long-term Care will be delivered in their own communities.

- Rural residents expect that smaller communities will have access to Physician services; generally residents respond negatively to the prospect of traveling any great distance to see a Family Doctor.
- Rural residents request and expect that more community programs (e.g. community mental health, parenting skills educators, addiction services) will be delivered close to their community.
- In urban areas (Weyburn, Estevan) residents expect the provision of general surgery, endoscopic procedures, obstetrics, I.C.U., and general medicine programs will continue and that visiting consultant services will be enriched.
- With an increase in the number of southeast residents requiring dialysis, residents expect that this service will be provided closer to home.

Clinical/Technological Advances:

Diagnostic Imaging

- Diagnostic Imaging equipment at the Weyburn General Hospital has been replaced with "state of the art" digital technology.
- This will enhance quality and diagnostic capability, as well as reducing waiting time and increasing productivity.
- Remote access to clinical images will alleviate the problems of obtaining radiologist services in rural areas.

Building Monitoring

- A number of buildings now have computer monitoring systems, which allow personnel at a remote location to monitor and control various systems. This will enhance patient care and staff comfort, while decreasing maintenance call-back.

SHIN

- Further development of our Information Management System and further development of Telemedicine will enhance knowledge and capability.

Did You Know...

An eye injury can happen in an instant, but the results can last a lifetime. Working or playing safely and wearing appropriate eye protection can prevent many injuries. Remember that safety glasses and street glasses are not interchangeable.

Did You Know...

Studies are suggesting that the needs and concerns of Physician's spouses are important issues to attracting and retaining Doctors. Despite cash incentives to attract Physicians to rural areas in Canada, Doctors often left if their spouse was unhappy.

Human Resources:

We are very appreciative of the quality of staff employed by the Region.

The Availability of Key Resources

Due to a provincial and national shortage of health care professionals, the Region remains challenged to recruit into any vacant positions where supply is limited.

Physicians

- Communities have been instrumental in their efforts to attract and retain Physicians.
- While a significant number of Physicians have remained in our Region, it can be a challenge due to the predominance of rural community medical practices.
- Finding a locum Physician for back-up coverage continues to be a challenge for our Physicians.

Registered Nurses (RNs)

- There is evidence of a national shortage of RNs in Saskatchewan and in Canada. Many employers are competing for the same available RNs.
- Nursing in rural facilities does influence our ability to attract new recruits, especially new graduates.
- The competition is particularly great when recruiting to the high skill positions such as to critical care units. Being unable to recruit sufficient numbers can make it a challenge to sustain an existing level of service, or to implement new services such as a dialysis unit.
- A number of initiatives have been implemented to retain RNs, including career progression, work accommodations and professional development opportunities.

Other Health Care Professionals

- As with Physicians and Nurses, there are other health care professionals which are considered difficult-to-recruit based on shortages, both provincially and nationally.
- While challenges exist in recruiting other professionals, we have been successful in maintaining professional services in almost all areas of service. While successfully recruiting a Physiotherapist, Social Workers, Addiction Workers and Emergency Medical Technicians, we remain challenged to successfully recruit positions such as Speech Language Pathologist and an X-ray Technician.
- The Region has also been able to retain Medical Lab Technicians, X-Ray Technicians, Social Workers, Psychologists and Addiction/Adult Counselors.

Progress and Results

The Saskatchewan Health Performance Plan is built on the work done in the Action Plan for Saskatchewan Health Care. The Action Plan was a blueprint for the future of Health Services. The Performance Plan identifies four long-term goals for the delivery of Health Care. Key indicators and output measurements are being developed for evaluation of the work of each RHA based on these goals.

Significant progress on these four goals was made by the Sun Country Health Region when it held its Strategic Planning Session at the end of the year. This lively and informative two-day workshop held in Weyburn brought together approximately 150 members of the Public, Staff and Board to plan goals and objectives for the Region for the next three years. Those attending included most of the major stakeholders in health services delivery in our Region. The session concentrated on the four goals in the Health Performance Plan; the proposals made will assist the Sun Country Health Region to develop Goals, Services and Indicators which will govern its future work.

The development of Continuous Quality Improvement teams in all major service delivery sectors, will also lead to more complete and co-ordinated service delivery and indicators for evaluation purposes. Twelve Regional CQI teams have been developed in the following areas:

- Ambulatory Care
- Critical Care
- Mental Health
- Home Care
- Community Health Services
- Maternal and Child
- Acute Care
- Environment
- Human Relations
- Leadership and Partnership
- Long Term Care
- Information Management

Did You Know...

Forty two percent of Canadians do not know that they have high blood pressure; of those who do know, fewer than half were actually controlled.

Did You Know...

A case study showed that the most important determinant of uncontrolled blood pressure was the unavailability of a source of primary care.

Did You Know...

There is a 52% reduction in the occurrence of Congestive Heart Failure in subjects treated for their hypertension as compared to those who did not seek treatment.

Did You Know...

A person with diabetes is more likely to experience hospitalization for heart related cardiovascular complications

Considering that the Sun Country Health Region is approximately ten months old, much of its work has been to set up a reorganized structure to guide service delivery. The creation of the Board, Leadership Team and Regional Departments has been our major accomplishment. This reorganization has been time consuming and successful and leaves the Region in a good position to further concentrate on and enhance service delivery.

Improved Access to Quality Health Care Services

Did You Know...

Better control of blood sugars in diabetics, achieved through more intensive monitoring and treatment, substantially reduces complications such as blindness, kidney disease and nerve damage.

In the area of Primary Health Care our first site in Estevan has been planned and is ready to be operationalized. Effective planning took place with physicians, staff and representatives from Saskatchewan Health. A Primary Health Care Nurse has been recruited and hired, and plans to provide a multi disciplinary service are in place. The community is eagerly anticipating the service that can be provided in this new concept. Local advisory groups in Bengough and Pangman are also discussing Primary Care principles and work is ongoing to plan Primary care for the Region for the next four years.

In the area of Emergency Care there have been three major initiatives:

1) Emergency Medical Services have co-ordinated transfers between sites and for delivery to specialized services outside the Region. This co-ordination has resulted in Emergency Services being more available in the local area, and a more efficient and less costly delivery system.

Did You Know...

Blindness is 29 times more common in diabetic than non diabetic persons; that 30% – 40% of diabetics will develop end stage renal disease

2) We have worked with Saskatchewan Health and S.I.A.S.T. to establish more co-ordinated training services that have led to more staff trained as Emergency Medical Technicians.

3) In rural Health Centres we have established better thrombolytic therapy to treat heart attack patients. Although costly, this is easily administered and has produced dramatic results in therapeutic and stabilization areas. This has been of major importance to rural patients, considering the time it takes to transfer a patient for Acute Care outside our Region.

In the area of improved Hospital and Long Term Care there have been several initiatives. Clinical services provided in smaller Community Health Centres have been reviewed, leading to the centralization of some services (e.g. surgical services, obstetrics). This has led to better and safer patient care and has allowed the SCHR to align its services with Provincial practices and standards.

In Wawota, Pharmaceutical Services and Materials Management have been contracted out to external providers. We have reviewed this and are now planning to provide these services on a Regional basis. We will be able to maintain or improve these services at a reduction in cost. Convalescent Care has been shifted from an Acute Care setting to a Long-term Care setting. Patients receive therapeutic and discharge planning services in a setting that is safer (e.g. less potential for infection) and more home like. Clients are dressed daily and receive activity programs that prepare them for daily living at home. Training has been done that allows staff members to adjust to this different type of care in a Long Term Care setting.

Planning Tatagwa View (new 135-bed Long Term Care facility) has been ongoing throughout the year. Long Term Care residents and members of the public have received information in presentations, pamphlets, public meetings, Media stories and on site activities. This has allowed these groups to adjust to the proposed physical structure and services to be delivered in this new Facility. Staff and members of the public have been acquainted with the Eden Philosophy that will allow for more enhanced, gentle and home-like care in this new setting. The thrust of this communication has been not only to expand knowledge, but also to lessen the stigma that has sometimes been attached to care provided in the Souris Valley Extended Care Centre.

Did You Know...

Results of a project to determine safety and effectiveness of nurse telephone consultation showed:

- nurses managed 50% of all calls without referral to a Physician
- a 70% reduction in telephone advice from a Physician
- a 38% reduction in patient attendance at a primary care centre
- a 23% reduction in home visits
- no increase in adverse events

Effective Health Promotion and Disease Prevention

At Sun Country Health Region, we hope that putting the attention on prevention will raise people's awareness of what can and should be done to help achieve the ultimate goal, improving the health of everyone in Sun Country Health Region.

A priority has been placed on sharing the work of health promotion and disease prevention with community partners in our Region. To this end, community development must take place that will allow our partners to join us to work in an effective manner. The formation of a Steering Committee for Population Health Promotion was accomplished this year. This Committee is composed of SCHR representatives and will have the opportunity to also include various representatives from community sectors, including Education, Local government, Justice, Social Services and voluntary health groups such as the Canadian Diabetic Association and the Canadian Mental Health Association. The work of this committee is ongoing and will provide strategic direction in this area.

Did You Know...

Living in poverty is associated with increased numbers of school dropouts, higher rates of child mortality, accidental death, low birth rate, alcohol and tobacco consumption, early pregnancy, mental health problems, inadequate housing, lower levels of education, higher rates of unemployment and higher dependence on social assistance

Did You Know...

There is a growing recognition in the health sector that most complicated health and social problems require the assessment and intervention of many professional workers and community members.

Did You Know...

Infant mortality per 1000 live births in Canada is 5.5; in Saskatchewan it is 8.9; in Sun Country Health Region it is 6.5.

Did You Know...

Health determinants are:

- income and social status
- social support networks
- education
- employment and working conditions
- physical environments
- biology and genetic endowment
- personal health practices and social skills
- healthy child development
- health services

The emphasis on a Regional Home Care Program is to evaluate and ensure consistency of effective services throughout the Region. An important consideration in Community Programs is to ensure people within the Region are aware of what services are available to them. Communication of Community Programs including Home Care, Mental Health and Public Health continues to remain a priority.

An external audit of Mental Health Rehabilitation Services was initiated, which will assist the program to set priorities, assess the needs of the community partners and the consumers. Plans to enhance our community partnerships and programming is the major focus. One of the future goals with our partners is to work on lessening the stigma that is often attached to Mental Health Services.

Work on a Tobacco Reduction Strategy was a significant accomplishment. Work was done to explain the dangers of smoking and second-hand smoke and to promote a smoke free lifestyle. Presentations were done with community groups and schools. As well as the content above, the Tobacco Control Act was explained. A Tobacco Reduction Committee has been formed; its work is ongoing.

Multi-disciplinary teams also made many presentations to groups of students in their schools. The purpose of these presentations was to acquaint students with the types of services offered by community health and how to access them. Groups giving the presentations were composed of community mental health nurses, public health nurses, an addictions counsellor and a suicide intervention worker. Meeting with students in their space will enhance knowledge of and access to services in areas such as bullying, eating disorders, self esteem and addictions.

In the communities of our health Region, good health is up to all of us. Our population can attain better health simply by making better choices. Health promotion is doing its part by advocating healthy choices and identifying and monitoring areas of serious risk.

Retain, Recruit and Train Health Providers

Initiatives in this area includes some of the most important work we do in the Region. It is often difficult in our predominantly rural area to recruit and retain staff. Without human resources these initiatives it will be difficult to maintain health care services in the future.

An extensive Human Resource Plan was initiated and its development continues. The Plan identifies the numbers and types of positions needed and speaks to what can be done to attract and retain staff.

We have assisted in the recruitment and retention of Physicians this year and have often assisted them in the process of immigration. With other professional groups like Occupational Therapists, Physiotherapists, Psychologists, Pharmacists and Public Health Inspectors, the Region participated in the establishment and implementation of a market wage supplement to assist us in competing for new, and retaining these professionals in our Region.

The Region is experiencing shortages in other health care professions such as Registered Nurses, LPNs (with full scope), and speech language pathologists. Our Region used a variety of recruitment vehicles such as web site information, advertising in newspapers and journals, career fairs, university contact, and Adopt-a-Student Program to attract potential applicants. We are pleased to report that a $2,000 Scholarship was provided to a LPN student through a partnership with the South East Regional College and in addition, we have worked through university departments to operate an Adopt-a-Student Program. This program offers supervised "work experience" to students in areas such as Emergency Medical Technicians, Nursing, Physiotherapy, Health Records and Medicine. In addition, the Region continues to offer financial bursaries to staff to encourage further development and training in areas such as Nursing and Lab / X-ray.

Training and development for existing staff took place on topics such as harassment, leadership and professional and technical training. Many different in-services were provided in-house and included Special Care Aide and Home Health Aide Programs, Transfer/Lift, Advanced Cardiac Life Support, Wound Care Protocol, job evaluation and labour relations. These were supplemented with numerous other education and professional development as provided by external sources in such areas as Physical Therapy, Lab, X-ray, and Pharmacy.

Quality of Workplace initiatives took place to make the workplace a better and safer place to work. Programs such as Transfer, Lift and Repositioning and Personal Assault Response Training were components of this program. The Region worked to ensure OH&S initiatives were in place, and met to ensure workplace safety was encouraged and unsafe incidents were reported and investigated. Departmental in-services were held regarding harassment and violence in the workplace, and workplace safety. With Union involvement, many return to work programs (for injured or disabled staff) were implemented to provide staff the opportunity to get back into the workplace at an optimum time.

Did You Know...

Public Health Nurses screen all children 3 years of age and older for possible speech delays.

Did You Know...

Public Health Nurses offer prenatal services to all prospective parents in a variety of settings - in their home, at the school they are attending, at prenatal classes, at the Public Health office, or in a suitable location of their choosing.

Did You Know...

Public Health Nurses attempt to visit all new moms and babies, usually within one week following the baby's delivery. This visit is to provide support and information, and to answer any questions and concerns.

Did You Know...

More than 20% of all girls who drop out of school do so because they are pregnant; no more than 50% of teenage parents eventually graduate from High School.

Did You Know...

Aboriginal suicide rates in the 15 – 19 age group are almost seven times the rate for other Canadians; it is the second leading cause of death in adolescents.

With regionalization, the Labour Relations Board of Saskatchewan called for a vote by support workers to elect a union to represent all "providers" across the Sun Country Health Region. This was required as similar workers in the former Districts belonged to different unions. It was necessary to co-ordinate and monitor a vote to merge support workers into one union and to work with the successful union to plan and implement transitional issues.

In the fall of 2002, the Health Sciences Association of Saskatchewan, representing professional staff, conducted 21 days of full job action. Open communication and relations were maintained during this time and we were successful in working with union representatives to maintain a level of emergency essential service across our Region. We are appreciative of staff for their extra effort and support during this time.

Collective agreements were administered including new provisions such as the granting of family leave.

Changes to both Regional Payroll and Staff Scheduling Systems were planned and implemented. While both systems continue to function, the Payroll System is not meeting our growing needs for information. The Staff Scheduling System was expanded to rural facilities and better coordinates a staff's access to relief shifts.

Planning has already begun regarding the establishment of a Representational Workforce along with some workplace orientation; this work will continue in the next year and will be one of our key challenges.

Challenges and Future Directions

Major challenges in the coming years for the SCHR will include:

- How to maintain quality health care services in an area where the population is declining;
- How to recruit and retain professional staff to provide these services;

- How to shift from a model that has emphasized acute care services, delivered in institutions, to a model that incorporates Primary Care and Effective Health Promotion and Disease Prevention.

Maintain Quality Health Care Services

With the gradual reduction in the Region's population, the aging of the population and increasing urbanization, formal and informal support systems for rural individuals will likely erode; services may need to be provided with more "traveling/mobile" teams and positions. When support systems erode mental health status will likely be compromised (mental health is highly interconnected with physical health status) and could affect issues like recovery time.

If the availability of individual support systems is reduced, the cost per unit of service could increase and current deployment of services may be greatly affected. As the Region's population ages, greater emphasis will need to be placed on preventive services such as influenza and pneumonia immunization programs, diabetic education and nutritional counselling. Although the proportion of our senior population to the total population will increase, the senior population as a whole will decrease in number. We will require fewer long term care beds and less home care services; funding could be reallocated to preventive programming.

Specific challenges in the provision of direct care service are best summarized by the words recruitment, recruitment, recruitment. In our predominantly rural area , staff members, particularly in professional groups, are difficult to attract and retain. There is no bigger roadblock to the provision of direct health care services. Other challenges include the standardization of services in all the Facilities in the Region - most staff and settings have grown used providing service in their own unique ways and all services must be standardized to be in tune with the Performance Plan and the Indicators for measurements of the results. Finding qualified Managers to supervise these services and to standardize them is another challenge. We must continue to provide both in-service and external education to staff members to keep their skills up and upgrade their skills for future directions. We must also assess and evaluate the types and locations of services to make sure that they are appropriate to meet the needs of our communities.
In Community Health and Health Promotion and Disease Prevention, Community Development leading to improved sharing with our inter-sectoral partners is a key challenge.

If effective change is to occur, initiatives in this area need to be truly community based in nature. We want to reduce the stigma that has been historically attached to mental illness. As the work of Health Promotion and Wellness is often long term in nature and results are not as easily

Did You Know...

One in ten Canadians is caring for someone with a long term care illness; most of these are female - caregiver stress and burnout are huge factors in the breakdown of these situations.

Did You Know...

If you need 9-1-1 services, you need to know:

- your address and any landmarks that would help an Emergency crew to find you
- addresses of persons who may call you in need, such as grandchildren or grandparents
- information such as allergies, medications used and pre-existing medical conditions

Did You Know...

In Saskatchewan all drivers must slow down to 60 km/hour when passing emergency vehicles that are stopped on the roadside with their light flashing.

apparent as in the provision of direct care services, we need to continue to use evidence based research to establish best practice information and establish realistic outcome indicators.

Recruitment and Retention

For many years the three former Health Care Districts struggled to recruit and retain qualified workers. This struggle is common in rural Saskatchewan and on a National level; it is a major challenge for the Region. Approximately 75% of the budget of the SCHR goes to employees (pay, benefits etc.); the staff is 88% female. The average age of RNs/RPNs is 48 years. The average turnover of all staff is 8% per year; 34% of all staff are over 50 years of age.

The SCHR Human Resources Department sees recruitment and retention of workers as its biggest challenge. Other challenges include: the implementation of representative workforce initiatives; expansion of both in house and external opportunities for training; expanding our partnership with South East Regional College for LPN and other training; planning for the human resources and training necessary to staff Tatagwa View; and provide service under the Eden Concept of Long Term Care.

Did You Know...

Falls are one of the leading causes of injury and death in seniors and a leading cause of brain injury in children.

Did You Know...

Contrary to industry claims, strict antismoking regulations have virtually no impact on restaurant patronage and cost business almost nothing.

Did You Know...

More than 53% of rural Canadians are overweight; this issue is even more pronounced in Saskatchewan, where an alarming two out of three adults are overweight.

Summary Report on Health Care Organizations

St. Joseph's Hospital

St. Joseph's Hospital, an affiliate organization in Estevan, is a district Hospital with 53 acute care , four respite care and 36 long-term care beds. Many programs are housed in St. Joseph's Hospital. These programs include: Home Care, Public Health, Community Mental Health, Therapies, Addiction Services, ABI, Health Promotion, Public Health Inspection, Parenting Skills Education, Dental Health Education, and a number of administrative offices. St Joseph's provides centralized dietary services and provides meals for Estevan Regional Nursing Home and Creighton Lodge. In addition laundry services are provided for Estevan Regional Nursing Home, Galloway Health Centre in Oxbow and Mainprize Manor in Midale. St. Joseph's receives Financial, Human Resources and Payroll support from the Region.

Radville Marion Health Centre

The Radville Marion Health Centre is an affiliate of the Sun Country Health Region. This facility has 49 long-term care beds and 3 sub-acute or multipurpose beds (palliative care, respite, assessment). In addition, there is a Medical Clinic serving Radville and area, within the complex. This facility receives Financial, Human Resources and Payroll support from the Region.

During this year the Region reviewed the services and administration of the Health Centre, streamlined administration, produced efficiencies that saved money and was able to divert this money towards patient care. The Region took over the operation of Emergency Health Services for this area. The present Director of Care now reports to the Sun Country Regional Health Authority Board. There is a very positive relationship between the two Boards and Management.

Borderline Housing

Sunset Haven is Long Term Care Facility that has 42 L.T.C. beds and one Respite bed. This facility is physically attached to Borderline Housing in Carnduff. Borderline has 19 one-bedroom suites and 18 enriched housing rooms. The Gainsborough/Carnduff ambulance service is stationed in Carnduff at Borderline Housing. The Region and Borderline have established a working agreement that sees Sunset Haven staff provide home care services to residents who qualify for services in Borderline. This achieves efficiencies for both organizations.

Moose Mountain Drug and Alcohol Rehabilitation Society Inc.

The Moose Mountain Drug and Alcohol Rehabilitation Society, a Community Based Organization, is a two-bed unit providing alcohol and drug detoxification services. This program is located in the Kipling Memorial Health Centre. This organization also provides outpatient counselling services. Funding for this is provided through Sun Country Health Region.

Management Discussion and Analysis

2002/03 was a milestone year for the Sun Country Health Region beginning first with transitional planning to amalgamate three Health Districts to a single Region. Transitional planning continued after August 1, 2002 when the Region was officially established, and focused on consolidating financial information and coordinating program delivery. Weyburn was selected as the location for the Region Head Office.

The transition from three District Boards to a single Regional Board was accomplished with minimal disruption. Of the 12 appointed members, half came from existing District Boards, while the remaining members were new to Board responsibilities. All Board members received orientation from the department as well as administration, including a tour of the Region's facilities.

One of a number of priorities was the development of a consolidated financial system that combined the accounting records of the three districts. This was accomplished in mid-November with the transition to Momentum, an automated accounting package. Similarly, district bank accounts were consolidated in early November with cheque processing at a single location. Although the Finance department was amalgamated, satellite offices were maintained in Estevan and Wawota.

In early February of 2003, planning for the integration of all facilities into a regional department structure was begun. Regional Departments were established to provide for the management and coordination of support services including: Health Records, Laboratory services, Therapy, Diagnostic Imaging, Pharmacy, Emergency Medical Services, Laundry, Housekeeping, and Maintenance. The Region will draw upon the expertise of the Regional Directors and departments to standardize policies and procedures to ensure consistent service delivery across the Region.

2002/03 was a successful year financially for the Region as it posted a surplus of approximately $252,483 on expenditures of approximately $83,758,138 while maintaining a high level of quality care to its clients. The Region successfully managed its cash flow within the $1.0 million line of credit established under the Regional Health Authorities Act.

Revenue from Saskatchewan Health increased over budget by 4.49% ($3,097,435) due to additional funding throughout the year primarily related to collective agreements and specific program funding. This was supplemented by an increase in Operating Donation revenue of $211,799.

Recoveries and Sundry revenue were significantly higher than anticipated due to an increase in Salary Recoveries for Union Leave, Workers Compensation Board and other general supply recoveries.

Expenditures for the fiscal year were approximately $83,758,138. Professional Fees increased $80,687 (16.65%) from budget due to an increase in employee professional dues and accreditation survey fees for the former South Central Health District.

Diagnostic Film and Supplies were under budget by 28% or $32,998 due a single machine functioning at the Weyburn General Hospital for most of the year in order to complete the installation of new diagnostic equipment.

Information Technology Contracts & Licenses were over budget by $82,601 or 40% as part of a regional initiative to standardize equipment and software across the Region.

Medical and Surgical Supplies were over budget by 12% due to an increase in various and new procedures throughout the Region, an increase in incontinent supplies and increases related to supplies for patients with complicated health issues.

There was a significant variance ($859,897 or 72%) in Medical Remuneration and Benefits due to the manner in which flow through funding was received from SaskHealth related to the Primary Care Site in Estevan.

Other expenses were significantly under budget ($143,707 or 44%) due to reduced costs for a single Regional Board and Communication expense. The three Health Districts had each budgeted for Board expenses but there was only one Board after August 1, 2003. A Communication Coordinator was not hired until Feb 2003, but the position was budgeted throughout the year.

Repairs and Maintenance were over budget by $1,342,665 due to an increase in spending on minor equipment and renovations required to bring each facility up to a common level.

Salaries are over budget by $286,140 due to an accrual for pay equity for 2003.

Regional utilities were over budget by 19% or $318,781 primarily due to natural gas and electricity expenses being higher than anticipated.

Financial Statements

Management's Responsibility

To the Members of the Board of Sun Country Regional Health Authority:

Management has the responsibility for preparing the accompanying financial statements and ensuring that information in the annual report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and making objective judgments and estimates in accordance with Canadian generally accepted accounting principles.

In discharging its responsibility for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and proper records are maintained.

The Board of Directors are responsible for overseeing management in the performance of its financial reporting responsibilities, and has responsibility for approving these financial statements. The Board fulfills these responsibilities by reviewing the financial information with management and the auditors appointed by the Board.

Meyers Norris Penny LLP (external auditors), an independent chartered accounting firm, are appointed by the Board to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both management and the Board to discuss their audit findings.

Chairman of the Board

Director of Finance

To the Directors of Sun Country Regional Health Authority:

We have audited the statement of financial position of Sun Country Regional Health Authority as at March 31, 2003 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Board's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Board as at March 31, 2003 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

May 21, 2003
Weyburn, Canada

Meyers Norris Penny LLP
Chartered Accountants

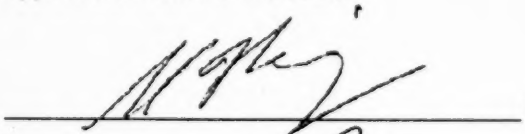
SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Financial Position

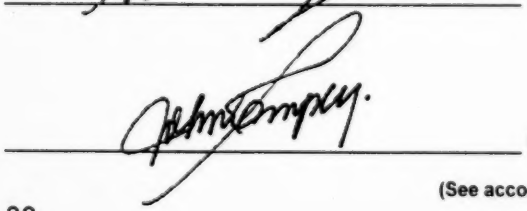
As at March 31

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	2003 Total	2002 Total (Note 17)
Assets					
Current Assets					
Cash and Short Term Investments (Schedule 2)	$ 6,503,106	1,350,075	1,579,425	9,432,606	9,442,161
Due from Saskatchewan Health	1,333,265	6,558,000	-	7,891,265	721,926
Trade Accounts Receivable	900,405	-	-	900,405	734,270
Accrued Interest Receivable	85,294	-	18,886	104,180	120,617
GST Receivable	158,979	-	-	158,979	159,101
Accounts Receivable - Interfund	139,363	-	(139,363)	-	-
Inventories	847,700	-	-	847,700	841,684
Prepaid Expenditures	409,495	-	-	409,495	385,230
	10,377,607	7,908,075	1,458,948	19,744,630	12,404,989
Restricted Cash and Investments (Schedule 2)	817,175	-	-	817,175	1,268,705
Long Term Investments (Schedule 2)	304,316	745,194	502,688	1,552,198	1,309,531
Long Term Loan Receivable (Note 5)	-	-	100,000	100,000	-
Interfund loans (Note 8)	-	(247,945)	247,945	-	-
Capital Assets (Note 3)	-	28,494,818	-	28,494,818	28,062,467
Total Assets	**$ 11,499,098**	**36,900,142**	**2,309,581**	**50,708,821**	**43,045,692**
Liabilities					
Current Liabilities					
Trade Accounts Payable	$ 2,704,263	450,508	-	3,154,771	2,523,436
Accrued Salaries and Benefits	3,314,311	-	-	3,314,311	2,172,954
Accrued Vacation	4,208,528	-	-	4,208,528	3,843,676
Current portion of Long Term Debt (Note 6)	-	247,413	-	247,413	227,121
Deferred Revenue (Note 7)	429,535	-	-	429,535	457,237
	10,656,637	697,921	-	11,354,558	9,224,424
Long Term Debt (Note 6)	-	7,075,225	-	7,075,225	7,329,804
Total Liabilities	**10,656,637**	**7,773,146**	-	**18,429,783**	**16,554,228**
Fund Balances					
Externally Restricted (Schedule 3)	704,319	1,152,311	2,309,581	4,166,211	3,857,823
Internally Restricted (Schedule 4)	112,856	942,958	-	1,055,814	1,899,443
Invested in Capital Assets	-	27,031,727	-	27,031,727	20,306,722
Unrestricted	25,286	-	-	25,286	427,476
Total Fund Balances	**842,461**	**29,126,996**	**2,309,581**	**32,279,038**	**26,491,464**
Total Liabilities & Fund Balances	**$ 11,499,098**	**36,900,142**	**2,309,581**	**50,708,821**	**43,045,692**

Approved on behalf of the board:



Director



Director

(See accompanying notes and schedules)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

For the year ended March 31

	Operating Fund			Restricted Funds	
	2003 Budget (Note 18)	2003 Actual	2002 Actual (Note 17)	2003 Actual (Schedule 5)	2002 Actual (Note 17)
Revenues					
Saskatchewan Health - General Revenue Fund	$ 69,057,214	72,154,649	66,744,521	6,977,452	1,075,256
Donations	4,793	216,592	224,483	1,119,792	416,557
Grants	188,850	205,341	148,999	-	-
Fees for Services and Expenditure Recoveries					
Residence and Respite Services	7,184,107	7,021,172	7,463,547	-	-
Home Based Services	535,257	497,258	516,451	-	-
Emergency Response Services	1,209,490	1,265,090	1,170,677	-	-
Out of Province and Third Party Billings	445,669	634,715	466,922	-	-
Other Service Fees	330,199	297,447	368,724	-	-
Recoveries and Sundries	1,435,282	1,516,400	1,374,763	-	636
Interest Income	233,821	201,957	381,952	98,524	98,097
CMHC Mortgage Subsidies	-	-	-	215,451	230,066
	80,624,682	**84,010,621**	**78,861,039**	**8,411,219**	**1,820,612**
Expenditures †					
Acute Services	13,607,843	13,048,839	13,155,148	615,887	541,785
Supportive Care Services	33,406,951	35,785,536	33,401,920	1,720,587	1,722,965
Grant to Affiliate (Note 16)					
Acute Services	7,224,199	7,378,559	6,834,886	-	-
Supportive Care Services	4,344,697	4,487,299	4,257,522	19,980	19,980
Health & Wellness Centres	225,959	262,154	231,388	-	-
Addiction Services	54,317	55,478	51,390	-	-
Health Improvement Initiatives	72,423	73,971	68,520	-	-
Home Based Services	6,307,183	6,254,396	6,161,238	38,204	89,248
Health Improvement Initiatives	1,366,203	1,311,124	1,308,418	8,526	16,442
Health and Wellness	2,532,579	3,565,084	2,509,658	239,045	199,926
Community Care Initiatives	418,585	204,619	334,083	-	483
Emergency Response Services	2,550,285	2,637,106	2,290,712	158,770	142,314
Addictions	260,008	259,992	236,112	737	167
Primary Health Services	2,723,553	2,765,566	2,661,283	44,383	47,750
Mental Health Services	4,813,712	4,628,437	4,627,281	24,453	27,290
Rehabilitation Services	1,013,067	1,039,978	985,130	5,556	12,674
Transfers to Foundations	-	-	-	-	383,578
	80,921,564	**83,758,138**	**79,114,689**	**2,876,128**	**3,204,602**
Net Revenues (Expenditures)	**$ (296,882)**	**252,483**	**(253,650)**	**5,535,091**	**(1,383,990)**
Balance of Funds at beginning of year		1,876,737	2,888,611	24,614,727	25,240,493
Interfund Transfers (Note 8)		(1,286,759)	(758,224)	1,286,759	758,224
Balance of Funds at end of year		**$ 842,461**	**1,876,737**	**31,436,577**	**24,614,727**

† See also Schedule 1 - Expenditures Classified by Object

(See accompanying notes and schedules)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

For the year ended March 31

	Operating Fund		Restricted Funds			
	2003	2002 (Note 17)	Capital Fund	Community Trust Fund	Total 2003	Total 2002 (Note 17)
Cash Provided by (used in)	Operating Activities		Financing and Investing Activities			
(Deficiency) excess of revenue over expenditure	$ 252,483	(253,650)	5,406,641	128,450	5,535,091	(1,383,990)
Amortization of capital assets			2,293,925		2,293,925	2,281,703
Gain on sale of captial assets						(636)
Net change in non-cash working capital						
Due from Saskatchewan Health	(772,039)	(523,487)	(6,397,300)	-	(6,397,300)	362,400
Trade Accounts Receivable	(166,135)	102,651	-	-	-	41,492
Accrued Interest Receivable	8,173	272,854	-	8,264	8,264	9,960
GST Receivable	122	(3,883)	-	-	-	-
Accounts Receivable - Interfund	(90,825)	194,225	-	90,825	90,825	(194,225)
Inventories	(6,016)	37,259	-	-	-	-
Prepaid Expenditures	(95,332)	155,716	71,067	-	71,067	(71,067)
Interfund Loan	-	-	(57,663)	57,663	-	-
Long Term Loan Receible	-	-	-	(100,000)	(100,000)	
Trade Accounts Payable	209,105	357,414	422,230	-	422,230	(437,940)
Accrued Salaries and Benefits	1,141,357	411,155	-	-	-	-
Accrued Vacation	364,852	295,735	-	-	-	-
Interfund Balances	96,701	(96,701)	(96,701)	-	(96,701)	96,701
Deferred Contributions	(27,702)	5,060	-	-	-	-
	914,744	954,348	1,642,199	185,202	1,827,401	704,398
Purchase of capital assets	-	-	(2,726,276)	-	(2,726,276)	(910,774)
Proceeds on disposal of capital assets	-	-	-	-	-	2,250
Purchase of investments	(196,743)	(5,400)	-	(45,924)	(45,924)	(42,385)
Proceeds from investments	-	2,543,246	-	-	-	-
	(196,743)	2,537,846	(2,726,276)	(45,924)	(2,772,200)	(950,909)
Repayment of Debt	-	-	(234,287)	-	(234,287)	(217,583)
	-	-	(234,287)	-	(234,287)	(217,583)
Net increase (decrease) in Cash Flow	**$ 718,001**	**3,492,194**	**(1,318,364)**	**139,278**	**(1,179,086)**	**(464,094)**
Balance of Cash and Short Term Investments						
Balance at beginning of year	$ 7,889,039	5,155,069	1,324,310	1,497,517	2,821,827	2,527,697
Interfund Transfers (Note 8)	(1,286,759)	(758,224)	1,344,129	(57,370)	1,286,759	758,224
Net increase (decrease) in Cash Flow	718,001	3,492,194	(1,318,364)	139,278	(1,179,086)	(464,094)
Balance at end of year	**$ 7,320,281**	**7,889,039**	**1,350,075**	**1,579,425**	**2,929,500**	**2,821,827**
Balance at end of year is comprised of:						
Cash and short term investments (Schedule 2)	$ 6,503,106	6,695,809	1,350,075	1,579,425	2,929,500	2,821,827
Restricted Cash and investments (Schedule 2)	817,175	1,193,230	-	-	-	-
	$ 7,320,281	**7,889,039**	**1,350,075**	**1,579,425**	**2,929,500**	**2,821,827**

(See accompanying notes and schedules)

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). This Act created the Sun Country Regional Health Authority (SCRHA). The Authority is responsible for the planning, organization, delivery and evaluation of health services within the geographic area known as the Sun Country Health Region.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authority.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian generally accepted accounting principles, and are based on the application of the accounting policies described below.

a) Amalgamation for former District Health Boards

The three former District Health Boards, (South Central Health District, South East Health District and Moose Mountain Health District), have been amalgamated in these financial statements using the continuity-of-interests method. All assets, liabilities, revenues and expenses have been combined in both the 2002 and 2003 fiscal years.

b) Restricted Fund Accounting

The SCRHA follows the Restricted Fund method of accounting. Fund Accounting creates a self-balancing set of accounts for each fund, established by legal, contractual, or voluntary actions. The Restricted Fund Method is a specialized form of fund accounting that distinguishes between operating funds and funds that are restricted for specific purposes.

i) Operating Fund

The operating fund reflects the primary operations of the SCRHA including revenues received for provision of health services from Saskatchewan Health – General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the SCRHA in capital assets after taking into consideration any associated long term debt. The capital fund includes revenues received/receivable from Saskatchewan Health – General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by contributor and funding relating to the mortgages. Expenses consist of the amortization of assets and interest expense.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the SCRHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the SCRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the District and the health corporations.

Significant Accounting Policies (continued)

c) The SCRHA has also entered into affiliation agreements with and provide funding to certain healthcare organizations to provide health services. These affiliated organizations include:

	2003	*2002*
St. Joseph's Hospital	$ 9,246,314	$ 8,565,020
Radville Marian Health Centre	2,097,236	2,012,070
Border-line Housing Co. Inc.	933,890	866,616
Total	$ 12,277,440	$ 11,443,706

These financial statements do not include the financial activities of the affiliates. Alternatively, Note 16 describes the financial position and results of operations of the affiliates.

d) Revenues

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

e) Capital Assets

Capital assets are recorded at cost. Routine maintenance and repairs are expensed as incurred. Capital assets are amortized over their estimated useful lives as follows:

Buildings	2.5% to 10%	Straight-line or Declining Balance
Land and Leasehold Improvements	2.5% to 20%	Straight-line or Declining Balance
Equipment	5% to 50%	Straight-line or Declining Balance

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

f) Inventories

Inventories consist of general stores, maintenance, pharmacy, laboratory, linen and other items. The cost of pharmacy inventory and the entire former Moose Mountain Health District inventory is determined by the first-in first-out method. The cost of general stores and all other inventories is determined by the weighted average method.

g) Investments

Investments are stated at the lower of cost and fair market value. Investments are comprised of term deposits, bonds, debentures, and guaranteed investment certificates. (See Schedule 2)

h) Pension

Employees of the SCRHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The SCRHA follows defined contribution plan accounting for its participation in the plans. Accordingly the SCRHA expenses all contributions it is required to make in the year.

Significant Accounting Policies (continued)

i) Measurement Uncertainty

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period i.e. amortization is based on the estimated useful life of capital assets. These estimates/assumptions are reviewed periodically and, as adjustments become necessary, they are reported in earnings in the periods in which they become known.

3. Capital Assets

	2003			*2002*
	Cost	Accumulated Amortization	Net	Net
Land	$ 343,612	$ -	$ 343,612	$ 343,612
Land Improvements	823,872	585,038	238,834	267,622
Leasehold Improvements	697,195	535,161	162,034	210,708
Buildings	43,340,715	21,401,807	21,938,908	23,073,725
Building under construction	2,230,021	-	2,230,021	851,399
Equipment	19,891,193	16,309,784	3,581,409	3,315,401
	$ 67,326,608	$ 38,831,790	$ 28,494,818	$ 28,062,467

4. Commitments

a) Capital Asset Acquisitions

As of March 31, 2003, SCRHA is committed to building a Long Term Care Facility in Weyburn. The commitment details are as follows:

	SCRHA	**Sk Health**	**Total**
Total Project Costs	$ 6,872,000	$ 14,503,000	$ 21,375,000
Capitalized as of March 31, 2003	(1,190,888)	(1,039,133)	(2,230,021)
Commitment from Sk Health as of March 31, 2003	-	(5,960,867)	(5,960,867)
Remaining Commitment	$ 5,681,112	$ 7,503,000	$ 13,184,112

b) Operating Leases

Minimum annual rentals under operating leases on property and equipment over the next five years are as follows:

2004	$ 110,550
2005	$ 99,940
2006	$ 99,940
2007	$ -
2008	$ -

The SCRHA leases the Souris Valley Extended Care Centre from the Saskatchewan Property Management Corporation at no charge or other obligation.

5. Long Term Receivable Loan

The former South East Health District entered into an agreement with M.O.R.E. 2000 Organization Inc. to lend them $100,000 interest free. The payment terms are to pay $50,640 annually starting after the M.O.R.E. 2000 Organization Inc. has fully paid off their existing Mortgage Debt which is estimated to be sometime in 2007.

6. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	Annual CMHC Subsidy	2003	2002
Fillmore Health Centre	6.220%	$49,805 principal & interest Maturity date - October 1, 2022 Effective interest rate - 2.563%	$ 20,963	$ 566,011	$ 580,561
Gainsborough Health Centre	6.220%	$47,257 principal & interest Maturity date - June 1, 2022 Effective interest rate - 2.635%	19,350	532,745	546,807
Lampman Health Centre	6.220%	$75,564 principal & interest Maturity date - September 1, 2021 Effective interest rate - 2.598%	30,638	834,078	857,619
Estevan Regional Nursing Home	5.375%	$15,956 principal & interest Maturity date - August 1, 2016	-	152,833	160,444
Estevan Regional Nursing Home	7.000%	$8,109 principal & interest Maturity date - January 1, 2023	-	87,502	89,498
Creighton Lodge	5.375%	$4,840 principal & interest Maturity date - April 1, 2006	-	13,739	17,733
Newhope Pioneer Lodge	5.900%	$119,142 principal & interest Maturity date - May 1, 2021 Effective interest rate - 2.624%	44,304	1,332,424	1,372,602
Wawota Deerview Lodge	5.432%	$111,600 principal & interest Maturity date - December 1, 2020 Effective interest rate - 2.712%	35,246	1,274,930	1,316,802
Moose Mountain Lodge	8.000%	$34,476 principal & interest Maturity date - October 1, 2026	-	369,186	374,383
Willowdale Lodge	6.875%	$12,772 principal & interest Maturity date - July 1, 2019	-	125,947	130,030
Centennial Haven	5.375%	$8,579 principal & interest Maturity date - January 1, 2018	-	87,898	91,694
Twilight Centennial Home	5.750%	$10,992 principal & interest Maturity date - September 1, 2018	-	113,051	117,477
Weyburn Special Care Home	5.375%	$18,732 principal & interest Maturity date - March 1, 2017	-	184,700	193,363
Weyburn Special Care Home	5.900%	$158,304 principal & interest Maturity date - April 1, 2019 Effective interest rate - 2.029%	64,951	1,647,594	1,707,912
				$ 7,322,638	$ 7,556,925
		Less: Current Portion		247,413	227,121
				$ 7,075,225	$ 7,329,804

For each of the mortgages, the Board has pledged the related buildings as security. Principal repayments required in each of the next five years is estimated as follows:

2004	247,413
2005	262,281
2006	278,048
2007	290,233
2008	307,297
2009 and thereafter	5,937,366

7. Deferred Revenue

Deferred Revenue	Balance Beginning Of Year	Less Amount Recognized from Health	Add Amount Received From Health	Less Amount Recognized from Other Sources	Add Amount Received From Other Sources	Balance End of Year
Rural Emerg Med Serv.	$ 50,000	$ -	$ -	$ -	$ -	$ 50,000
Regional Health Authority Planning	90,000	(90,000)	-	-	-	-
Health Improvement Initiatives	193,812	(1,206,677)	1,012,865	-	-	-
Amalgamation Funding	12,000	(12,000)	-	-	-	-
Approved Home Program	9,700	(13,500)	8,000	-	-	4,200
Provincial Diabetes	38,075	(14,975)	47,500	-	-	70,600
Workplace Wellness	44,091	(161,062)	116,971	-	-	-
Primary Care Funding	-	(16,033)	186,233	-	-	170,200
Aboriginal Awareness	-	-	40,000	-	-	40,000
Professional Development	-	-	63,596	-	-	63,596
Kamp Koko Moko	4,400	-	-	(4,310)	5,690	5,780
Grants	15,159	-	-	-	10,000	25,159
Total	$ 457,237	$(1,514,247)	$1,475,165	$ (4,310)	$ 15,690	$ 429,535

Restricted funding related to general operations from Saskatchewan Health – General Revenue Fund is recorded as revenue as the related costs are incurred.

8. Interfund Transfers

Each year the SCHRA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2003			*2002*		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital Asset Purchase	$ (1,291,716)	$ 1,414,747	$ (123,031)	$ (577,565)	$ 804,443	$ (226,878)
CMHC Reserves - Allocation	(128,248)	128,248	-	(156,748)	156,748	-
CMHC Reserves - R & M	142,351	(142,351)	-	39,840	(39,840)	-
CMHC Reserves - Transfers	91,515	(91,515)	-	41,062	(41,062)	-
EMS Vehicle Allocation	(35,000)	35,000	-	(35,000)	35,000	-
Interfund Loan pmt	(65,661)	65,661	-	(69,813)	69,813	-
Interfund Loan pmt	-	(65,661)	65,661	-	(69,813)	69,813
	$ (1,286,759)	$ 1,344,129	$ (57,370)	$ (758,224)	$ 915,289	$ (157,065)

The SCRHA with agreement of the Gainsborough Area Trust established an inter-fund loan. The agreement provides for the Gainsborough Area Trust fund to loan the Capital Fund an amount of $500,000. This inter-fund loan is to be repaid to the Gainsborough Area Trust in monthly instalments of $5,516 (2002 - $5,457) at an annual interest rate based on the prime rate of interest at the Gainsborough Credit Union, which may vary from year to year. The balance as at March 31, 2003 was $247,945 (2002 - $305,608).

9. Related Party Transactions

These financial statements include transactions with related parties. The SCRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under common control Government of Saskatchewan. The SCRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the SCRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms. Significant related party transactions greater than $20,000 and not shown separately in these financial statements are disclosed below. In addition, the SCRHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchase. Taxes paid are recorded as part of the cost of those purchases.

	2003	2002 (Note 17)
Revenues		
Department of Social Services	$ 48,010	$ 41,830
Saskatchewan Government Insurance	90,642	55,308
Saskatchewan Health	215,848	48,435
Saskatchewan Property Management Corporation	100,809	144,278
Workers Compensation Board	325,303	88,145
	$ 780,612	$ 377,996
Expenditures		
CBO's:		
Canadian Mental Health Association	$ 94,985	$ 90,417
Weyburn Group Home Society	201,384	190,580
Moose Mountain Alcohol & Drug Rehab	118,204	114,414
SMILE Services Inc.	47,784	47,566
Minister of Finance	63,822	31,517
Moosomin Union Hospital	322,741	347,389
Public Employees Pension Plan	173,738	168,894
Public Service Superannuation Board	98,595	84,190
Grants to Affiliates:		
Border-line Housing Corporation	913,910	1,059,848
St. Joseph's Hospital	9,246,314	9,888,199
Radville Marian Health Centre	2,109,410	2,094,085
EMS Grants:		
Fillmore Ambulance	73,260	75,636
Supreme Ambulance (Carlyle)	187,142	187,142
Regina Health District	88,834	86,664
Saskatchewan Association of Health Organizations	4,574,258	5,156,304
Saskatchewan Energy Corporation	455,909	482,497
Saskatchewan Power Corporation	887,707	742,579
Saskatchewan Property Management Corporation	546,619	502,189
Saskatchewan Telecommunications	443,108	493,846
Sask Tel Mobility	41,097	14,513
SGI Auto Fund Division	26,842	-
SIAST	11,546	23,079
Workers' Compensation Board	839,412	804,886
SPMC - Distribution Centre	22,454	48,457
	$ 21,589,075	$ 22,734,881

Related Party Transactions - continued

	2003	2002 (Note 17)
Trade Accounts Receivable		
South Central Health District Foundation Inc.	$ 33,564	$ 12,328
Workers' Compensation Board	43,114	36,370
	$ 76,678	$ 48,698
Prepaid Expenditures		
Saskatchewan Association of Health Organizations	$ -	$ 58,918
Workers' Compensation Board	261,948	109,705
	$ 261,948	$ 168,623
Accounts Payable		
Radville Marian Health Centre	$ 982	$ 98,925
Saskatchewan Association of Health Organizations	390,488	321,117
Sask Energy	56,039	24,428
Saskatchewan Power Corporation	55,953	33,383
Saskatchewan Property Management Corporation	76,710	14,965
SPMC - Distribution Centre	1,022	25,387
Sask Tel	36,427	24,460
St Joseph's Hospital	129,587	91,824
	$ 747,208	$ 634,489

Note: Payments to the affiliates may be higher than the grant to affiliates amount due to other expenditures incurred in the normal course of business.

10. Resident Trusts

The SCRHA administers funds held in trust for patients and residents using the SCRHA's facilities. Funds held in trust are not included in these financial statements. Total funds held in trust are summarized as follows:

	2003	2002
South East District Health Board - Resident Trust	$ 9,109	$ 12,427
South Central District Health Board – Resident Trust	33,121	33,982
Souris Valley Extended Care Centre – Resident Bazaar	71,857	80,018
Weyburn Mental Health Centre – Resident Bazaar	146,997	150,511
Weyburn Special Care Home - Canteen	4,984	4,250
	$ 266,068	$ 281,188

11. Pension Costs

Employees of the SCRHA participate in one of the following pension plans:

(i) The Saskatchewan Healthcare Employees' Pension Plan (SHEPP), which is jointly governed by a board eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, HSAS). SHEPP, is a multi-employer defined benefit plan which came into effect December 31, 2002 (prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

(ii) The Public Service Superannuation Plan (a related party) which is a defined benefit plan and the responsibility of the Province of Saskatchewan.

(iii) The Public Employee's Pension Plan (a related party) which is a defined contribution plan and the responsibility of the Province of Saskatchewan.

For SHEPP, the financial obligation of the SCRHA is 1.12 times the amounts contributed by employees for current services. For the Public Service Superannuation Plan and the Public Employees' Superannuation Plan, the financial obligation of the SCRHA is limited to matching the amounts contributed by employees for current services.

The pension expense for the year amounted to $1,939,161 ($1,836,480 in 2002), and is included in the expense for Employee Benefits.

12. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The SCRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the SCRHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

Cash and short term investments
Accounts receivable
Accounts payable
Accrued salaries and vacation payable

ii) For investments, the fair value is considered to approximate quoted market values. The fair value of mortgages payable before the repayment required within one year, is $7,322,638 (2002 - $7,556,925) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Operating Line of Credit

The SCRHA has a line of credit limit of $1,000,000. The line of credit is secured by an assignment and hypothecation of revenues and bearing interest at a rate of Prime minus 0.5%, which is due on demand.

13. Volunteer Services

The operations of the SCRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

14. Foundations

There are various charitable health foundations through out the region that raise money on behalf of healthcare organizations in their community. The SCRHA may upon agreement with the foundations be the recipient of funds to be used by the SCRHA for specific purposes.

South Central Health District Foundation Inc.
Redvers & District Health Foundation Inc.
Brock Union Hospital Foundation Corporation
Moose Mountain Lodge Foundation
Wawota Health Care Foundation Inc.
Maryfield Health Foundation

15. Grants to Community Based Organizations

The SCRHA provides funding to Healthcare Organizations on a monthly basis in accordance with budget amounts approved annually. During the year, the SCRHA provided the following amounts to healthcare organizations.

Organization	*Nature of their Business*	*2003*	*2002*
Canadian Mental Health Association	Supports & promotes the right of persons with mental illness.	$ 94,985	$ 90,417
Weyburn Group Home Society Inc.	Counselling, lodging, and personal care within a long stay supportive setting.	139,578	144,003
SMILE Services Inc.	Drop in centre for persons with mental illness.	47,784	47,556
Moose Mountain Drug and Alcohol Rehab.	Alcohol and Drug abuse Rehabilitation Program	118,204	114,414
		$ 400,551	$396,390

16. Grant to Affiliates

The SCRHA provides grants to St. Joseph's Hospital, Border-line Housing Co. Inc. and Radville Marian Health Centre. The following represents the financial position, results of operations and cash flows for these affiliated organizations. The fiscal year end for these affiliates is March 31, 2003. The March 31, 2003 statements are not yet available therefore 2001 and 2002 results are presented as representational of the operations of these affiliates.

	Total 2002	Total 2001
Balance Sheet		
Total Assets	$ 28,232,394	$ 29,108,265
Total Liabilities	2,302,366	2,003,567
Total Net Assets	25,930,028	27,104,698
	$ 28,232,394	$ 29,108,265
Results of Operations		
Total Revenue	$ 15,367,031	$ 14,664,542
Total Expenses	15,776,468	14,682,872
Excess Revenue over Expenses	$ (409,437)	$ (18,330)
Cash Flows		
Cash from operations	$ 2,722	$ 516,448
Cash used in financing activities	(2,992)	(5,857)
Cash used in Investing activities	(302,998)	(317,875)
Increase (decrease) in cash	$ (303,268)	$ 192,716

17. Comparative Statements

Some items appearing in the statements for the prior year have been reclassified to conform with the presentation used for the current year. The prior year's figures presented include the former South East Health District, which were audited by another accounting firm.

18. Budget Amounts

The operating budget is the combination of the former Moose Mountain District Health Board, South East District Health Board and the South Central District Health Board. Each was included in the Health Plan, which was approved by their respective District Health Boards. The Minister of Health approved the South East District Health Board and South Central District Health Board budgets.

Schedule 1

Schedule of Expenditures Classified by Object

	Operating Fund		Restricted Funds	Total	Total
	2003 Budget	2003 Actual	2003 Actual	2003 Actual	2002 Actual (Note 17)
Ambulance Service Grants	$ 262,995	260,402	-	260,402	187,142
Ancillary	-	-	-	-	-
Amortization of Capital Assets	-	-	2,293,925	2,293,925	2,281,703
Benefits (Note 11)	7,825,966	7,757,043	-	7,757,043	7,787,818
Professional Fees	484,526	565,213	-	565,213	422,286
Diagnostic Imaging Supplies	118,762	85,764	-	85,764	114,507
Drugs	354,203	373,294	-	373,294	340,728
Food and Dietary	1,433,757	1,436,708	-	1,436,708	2,165,079
Grant to Third Parties	12,382,182	12,736,988	19,980	12,756,968	12,018,592
Housekeeping and Laundry	267,378	283,418	-	283,418	289,913
Information Technology Contracts & Licenses	204,587	287,188	-	287,188	367,001
Insurance	192,172	197,756	-	197,756	185,282
Interest on Long Term Debt	-	-	440,712	440,712	461,251
Laboratory Supplies	385,076	403,518	-	403,518	380,736
Medical and Surgical Supplies	908,836	1,020,051	-	1,020,051	930,337
Medical Remuneration and Benefits	1,187,483	2,047,380	-	2,047,380	882,197
Office and General Supplies	1,229,396	1,132,652	-	1,132,652	1,089,126
Other	324,193	178,694	1,792	180,486	678,838
Purchased Services	1,294,523	1,243,796	-	1,243,796	1,377,002
Property Rent	137,266	133,720	-	133,720	140,601
Repairs and Maintenance	1,257,279	2,480,225	119,719	2,599,944	1,705,537
Salaries	47,382,698	47,668,838	-	47,668,838	45,138,180
Telephone	546,121	498,944	-	498,944	467,644
Travel	1,058,374	963,974	-	963,974	960,442
Utilities	1,683,791	2,002,572	-	2,002,572	1,947,349
	$ 80,921,564	83,758,138	2,876,128	86,634,266	82,319,291

(See accompanying notes and schedules)

SUN COUNTRY REGIONAL HEALTH AUTHORITY
For the year ended March 31, 2003

Schedule 2

Schedule of Cash and Investments

	Cash & Short Term Investments	Long Term Investments	Total	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS						
Externally Restricted Cash and Investments - Community Trust						
Estevan Regional Nursing Home - Royal Bank - Chequing	$ 5,822	$ -	$ 5,822			
Creighton Lodge - Estevan Credit Union	$ 180,667	$ -	$ 180,667			
Midale Area Trust						
Midale Credit Union - Term Certificate	$ 120,000	$ -	$ 120,000	May 1, 2003	2.000%	2.000%
Midale Credit Union - Term Certificate	140,000		140,000	September 5, 2003	6.000%	6.000%
Midale Credit Union - Term Certificate	-	50,000	50,000	August 23, 2004	4.750%	4.750%
Midale Credit Union - Term Certificate	-	100,000	100,000	December 5, 2005	3.500%	3.500%
Midale Credit Union - Plan 24	107,636	-	107,636			
	$ 367,636	$ 150,000	$ 517,636			
Oxbow Area Trust						
Estevan Credit Union - Term Certificate	$ 18,092	$ -	$ 18,092	May 4, 2003	3.500%	3.500%
Estevan Credit Union - Chequing	202,982	-	202,982			
	$ 221,074	$ -	$ 221,074			
Gainsborough Area Trust						
Gainsborough Credit Union - Term Certificates	$ 290,000	$ -	$ 290,000	July 26, 2003	1.850%	1.850%
Gainsborough Credit Union - Term Certificates	92,717	-	92,717	September 9, 2003	2.000%	2.000%
Gainsborough Credit Union - Term Certificates	-	18,300	18,300	February 19, 2005	2.750%	2.750%
Gainsborough Credit Union - Term Certificates	-	23,595	23,595	March 27, 2005	2.850%	2.850%
Gainsborough Credit Union - Term Certificates	25,967	-	25,967	August 31, 2003	2.250%	2.250%
Gainsborough Credit Union - Term Certificates	-	9,000	9,000	November 5, 2004	3.100%	3.100%
Gainsborough Credit Union - Term Certificates	11,464	-	11,464	November 28, 2003	2.000%	2.000%
Gainsborough Credit Union - Term Certificates	-	5,458	5,458	October 2, 2005	3.250%	3.250%
Gainsborough Credit Union - Term Certificates	-	48,000	48,000	July 4, 2005	3.500%	3.500%
Gainsborough Credit Union - Term Certificates	25,400	-	25,400	May 1, 2003	3.050%	3.050%
Gainsborough Credit Union - Term Certificates	9,284	-	9,284	September 11, 2003	2.250%	2.250%
Gainsborough Credit Union - Term Certificates	-	11,165	11,165	March 10, 2006	2.750%	2.750%
Gainsborough Credit Union - Term Certificates	-	9,426	9,426	January 3, 2006	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	-	27,744	27,744	November 1, 2005	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	-	160,000	160,000	January 17, 2006	3.000%	3.000%
Gainsborough Credit Union - Chequing	2,059	-	2,059			
	$ 456,891	$ 312,688	$ 769,579			
Lampman Area Trust - Estevan Credit Union - Chequing	$ 55,042	$ -	$ 55,042			
Fillmore Area Trust						
Royal Bank - Money Market Funds	$ 25,227	$ -	$ 25,227			
Royal Bank - Money Maker Plus	61,581	-	61,581			
Canada Savings Bond	-	40,000	40,000	November 1, 2006	6.370%	6.370%
Royal Bank	128,148	-	128,148			
	$ 214,956	$ 40,000	$ 254,956			
Coronach Trust - CIBC	$ 77,337	$ -	$ 77,337			
Total Community Trust Externally Restricted Funds	**$ 1,579,425**	**$ 502,688**	**$ 2,082,113**			

(See accompanying notes and schedules)

Schedule of Cash and Investments - continued

	Cash	Long Term Investments	Total	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS - continued						
Externally Restricted Cash and Investments - Operating Fund						
Estevan Regional Nursing Home	$ 14,230	$ -	$ 14,230			
Newhope Pioneer Lodge						
Estevan Credit Union - Term Certificate	$ 30,000	$ -	$ 30,000	February 22, 2004	2.000%	2.000%
Estevan Credit Union - Chequing	7,841	-	7,841			
	$ 37,841	$ -	$ 37,841			
Fillmore						
Estevan Credit Union - Term Certificates	$ 30,000	$ -	$ 30,000	February 22, 2004	2.000%	2.000%
Estevan Credit Union - Chequing	529	-	529			
	$ 30,529	$ -	$ 30,529			
Gainsborough	$ 454	$ -	$ 454			
Oxbow - Credit Union	$ 35	$ -	$ 35			
Estevan Home Care - Estevan Credit Union	$ 29,747	$ -	$ 29,747			
Weyburn General Hospital - Palliative	$ 4,081	$ -	$ 4,081			
Souris Valley Extended Care Centre - CIBC	$ 12,101	$ -	$ 12,101			
Weyburn Mental Health Centre - CIBC	$ 2,665	$ -	$ 2,665			
Bengough Trust - CIBC	$ 60	$ -	$ 60			
Weyburn Special Care Home						
WSCH Education Trust	$ 17,274	$ -	$ 17,274			
Wood Gundy - WSCH Trust	14,302	-	14,302			
	$ 31,576	$ -	$ 31,576			
Wood Gundy - SCHD	$ 541,000	$ -	$ 541,000			
Total Operating Externally Restricted Funds	**$ 704,319**	**$ -**	**$ 704,319**			
Internally Restricted Cash and Investments - Operating Fund						
Estevan Area - Estevan CU	$ 112,856	$ -	$ 112,856			
Total Operating Fund Internally Restricted	**$ 112,856**	**$ -**	**$ 112,856**			
Total Operating Fund Restricted Cash and Investments	**$ 817,175**	**$ -**	**$ 817,175**			
Externally Restricted Cash and Investments - Capital Fund						
Weyburn General Hospital						
WGH Building Fund	$ 14,288	$ -	$ 14,288			
WGH - Lottery	14,806	-	14,806			
Wood Gundy- WGH Bldg. Fund	403	-	403			
Business Development Bank	-	345,194	345,194	February 10, 2011	5.40%	5.40%
	$ 29,497	$ 345,194	$ 374,691			
Tatagwa View						
Credential Investments	$ 737,911	$ -	$ 737,911			
CIBC	39,709	-	39,709			
	$ 777,620	$ -	$ 777,620			
Total Capital Externally Restricted Funds	**$ 807,117**	**$ 345,194**	**$ 1,152,311**			

(See accompanying notes and schedules)

Schedule 2

Schedule of Cash and Investments - continued

	Cash	Long Term Investments	Total	Maturity	Effective Rate	Coupon Rate
Internally Restricted Cash and Investments - Capital Fund						
Newhope Lodge - CIBC T Bill Fund	$ 50,064	$ -	$ 50,064			
Newhope Lodge - Estevan CU - Reserve Acct	49,936	-	49,936			
Bengough - CIBC	3,688	-	3,688			
Weyburn Special Care Home - CIBC	23,207	-	23,207			
Wood Gundy - SCHD	183,476	-	183,476			
EMS - Wood Gundy	39,733	-	39,733			
Board Projects - Wood Gundy	243	-	243			
Export Development Corp	-	200,000	200,000	May 14, 2004		
Export Development Corp	-	200,000	200,000	July 23, 2004		
Tatagwa View - Wood Gundy	7,092	-	7,092			
Wood Gundy - SCHD	185,519	-	185,519			
Total Capital Fund Internally Restricted	**$ 542,958**	**$ 400,000**	**$ 942,958**			
Total Capital Fund Restricted Cash and Investments	**$ 1,350,075**	**$ 745,194**	**$ 2,095,269**			
Total Restricted Cash and Investments	**$ 3,746,675**	**$ 1,247,882**	**$ 4,994,557**			

Estimated Fair Market Values for Restricted Cash and Investments	*2003*	*2002*
Cash and Short Term Investments (approximates face value)	$ 3,746,675	$ 2,489,431
Long Term Investments (approximates face value)	1,318,343	2,752,723
	$ 5,065,018	$ 5,242,154

	Cash	Long Term Investments	Total	Maturity	Effective Rate	Coupon Rate
UNRESTRICTED CASH AND INVESTMENTS						
Estevan Credit Union	$ 1,955,991	$ -	$ 1,955,991			
Carlyle Credit Union	166,385	-	166,385			
CIBC	790,148	-	790,148			
CIBC	343,307	-	343,307			
Credentials	254,966	-	254,966			
General Motors Accept. Corp. of Canada	-	200,000	200,000	July 27, 2006	6.000%	6.000%
Wood Gundy	2,881,719	-	2,881,719			
Co-op Equity	-	6,116	6,116			
Sask Savings Bonds	-	92,800	92,800	July 15, 2005	5.750%	5.750%
Sask Savings Bonds	-	5,400	5,400	July 15, 2006	4.250%	4.250%
Estevan Credit Union - Term Certificates	100,000	-	100,000	November 14, 2003	3.000%	3.000%
CIBC T-Bill Fund	10,590	-	10,590			
Total Unrestricted Cash and Investments	**$ 6,503,106**	**$ 304,316**	**$ 6,807,422**			

Estimated Fair Market Values for Unrestricted Cash and Investments	*2003*	*2002*
Cash and Short Term Investments (approximates face value)	$ 6,503,106	$ 6,695,809
Long Term Investments (approximates face value)	305,965	107,573
	$ 6,809,071	$ 6,803,382

(See accompanying notes and schedules)

Schedule 3

Schedule of Changes in Externally Restricted Fund Balances

Trust Name	*Balance Start of Year*	*Investment & Other Revenue*	*Donations*	*Expenses*	*Contributions (Withdrawals)*	*Balance End of Year*
Operating Fund:						
Souris Valley Extended Care Centre	$ 11,810	-	291	-	-	12,101
Weyburn Mental Health Centre	2,601	64	-	-	-	2,665
Weyburn Special Care Home Education	30,546	1,030	-	-	-	31,576
Bengough Trust	59	1	-	-	-	60
Weyburn Palliative Care	3,887	2	192	-	-	4,081
Home Care East	47,223	-	-	-	-	47,223
Home Care East - Other	52,239	-	-	-	-	52,239
Arcola Health Centre	112,258	-	191,648	(10,495)	-	293,411
Arcola Health Centre - Palliative Care	6,030	-	305	(6,030)	-	305
Moose Mountain Lodge	34,559	-	7,102	-	-	41,661
Redvers Centennial Haven	49,988	-	5,747	(7,202)	-	48,533
Redvers Centennial Haven - Palliative Care	1,855	-	-	(1,855)	-	-
Deerview Lodge	25,198	-	1,665	-	-	26,863
Wawota & District Palliative Care	3,303	-	-	(3,303)	-	-
Willowdale Lodge	2,306	-	104	(1,648)	-	762
Wawota Road Ambulance	800	-	932	-	-	1,732
Kipling Health Centre - Palliative Care	8,698	-	-	(8,698)	-	-
Kipling Road Ambulance	1,000	-	-	-	-	1,000
Redvers Road Ambulance	1,196	-	-	-	-	1,196
Kipling Equipment	4,964	-	38,052	-	-	43,016
Fillmore Health Centre	30,047	543	-	(11,418)	-	19,172
Estevan Regional Nursing Home	12,860	-	5,114	-	-	17,974
Estevan Home Care	36,137	850	7,501	(6,002)	-	38,486
Gainsborough Area	-	-	454	(241)	-	213
Oxbow Area	-	-	35	-	-	35
Newhope Pioneer Lodge	36,255	663	983	(17,886)	-	20,015
	515,819	**3,153**	**260,125**	**(74,778)**	**-**	**704,319**
Capital Trust Fund:						
Weyburn General Hospital	379,425	9,572	300,496	(314,802)	-	374,691
Tatagwa View	724,077	14,827	38,716	-	-	777,620
	1,103,502	**24,399**	**339,212**	**(314,802)**	**-**	**1,152,311**
Community Trust Fund:						
Coronach Trust Fund	75,475	1,862	-	-	-	77,337
Fillmore Area Trust Fund	245,922	2,154	6,881	(2,430)	-	252,527
Gainsborough Area Trust	999,930	26,449	7,655	(9,327)	(7,753)	1,016,954
Lampman Area Trust Fund	41,493	368	17,826	(22,258)	-	37,429
Midale Area Trust Fund	510,938	21,930	108,761	(64,897)	(4,383)	572,349
Oxbow Area Trust Fund	182,328	5,318	45,655	(17,621)	(1,221)	214,459
Stoughton Area Trust Fund	1,177	-	-	(1,177)	-	-
Estevan Regional Nursing Home Trust Fund	3,259	63	-	-	-	3,322
Creighton Lodge Trust Fund	177,980	2,587	659	(2,009)	(44,013)	135,204
	2,238,502	**60,731**	**187,437**	**(119,719)**	**(57,370)**	**2,309,581**
	$ 3,857,823	**88,283**	**786,774**	**(509,299)**	**(57,370)**	**4,166,211**

(See accompanying notes and schedules)

Schedule 4

Schedule of Changes in Internally Restricted Fund Balances

	Balance beginning of year	Investment income / donations / transfers	Annual allocation from Operating Fund	Expenditures	Transfer into (out of) Fund	Balance end of year
Internally Restricted Fund Balances						
Capital Internally Restricted Fund Balances						
CMHC Replacement Reserves						
Bengough Health Centre	$ -	162	6,540	(6,702)	-	-
Weyburn Special Care Home	35,584	2,172	53,728	(76,546)	-	14,938
Estevan Regional Nursing Home	-	-	15,500	(15,500)	-	-
Creighton Lodge	-	-	14,000	(14,000)	-	-
Newhope Pioneer Lodge	100,000	3,300	10,000	(8,284)	(5,016)	100,000
Wawota Deerview Lodge	55,774	1,270	7,745	(12,555)	-	52,234
Carlyle Moose Mountain Lodge	53,538	1,235	8,235	(8,284)	-	54,724
Kipling Willowdale Lodge	99,349	2,118	6,500	(12,499)	(30,468)	65,000
Redvers Centennial Haven	34,153	803	6,000	(17,481)	-	23,475
CMHC Maintenance Reserves						
Wawota Deerview Lodge	22,600	-	-	-	(22,600)	-
Carlyle Moose Mountain Lodge	25,205	-	-	-	(25,205)	-
Kipling Willowdale Lodge	8,226	-	-	-	(8,226)	-
Other						
Emergency Medical Services Vehicles	39,300	432	35,000	-	-	74,732
Board Projects	254,603	1,104	-	-	-	255,707
Tatagwa View	937,000	15,148	-	-	(850,000)	102,148
Redvers Building	200,000	-	-	-	-	200,000
Total Capital Internally Restricted Fund Balances	**1,865,332**	**27,744**	**163,248**	**(171,851)**	**(941,515)**	**942,958**
Operating Internally Restricted Fund Balances						
Estevan and Area	34,111	107,244	-	(1,893)	(26,606)	112,856
Total Operating Internally Restricted Fund Balances	**34,111**	**107,244**	**-**	**(1,893)**	**(26,606)**	**112,856**
Total Internally Restricted Fund Balances	**$ 1,899,443**	**134,988**	**163,248**	**(173,744)**	**(968,121)**	**1,055,814**

CMHC Replacement Reserves

Pursuant to mortgage covenants with the Canada Mortgage Housing Corporation, the Sun Country Regional Health Board is required to maintain certain replacement reserves as a condition of receiving a mortgage interest subsidy and low interest rates from the Canada Mortgage and Housing Corporation for various buildings.
The maximum accumulated fund required is equal to ten times the annual allocation.

Emergency Medical Services Vehicles

The former South Central Health District Board decided to internally restrict 35,000 per year, as financial resources permit, for the replacement of Ambulances.

Tatagwa View

These funds are to be used for the construction of a new long-term care facility in Weyburn. Items included in this are monies from Sask Health, donations, and house or bed sponsorship.

(See accompanying notes and schedules)

Schedule 5

Schedule of Restricted fund Balances

		Capital Fund 2003	*Community Trust Fund 2003*	*Total 2003*	*Total 2002 (Note 17)*
Revenues					
Saskatchewan Health - General Revenue Fund	$	6,977,452	-	6,977,452	1,075,256
Donations		932,355	187,437	1,119,792	416,557
Recoveries and Sundries		-	-	-	636
Interest Income		37,792	60,732	98,524	98,097
CMHC Mortgage Subsidies		215,451	-	215,451	230,066
		8,163,050	**248,169**	**8,411,219**	**1,820,612**
Expenditures †					
Acute		615,887	-	615,887	541,785
Supportive Care Services		1,620,332	100,255	1,720,587	1,722,965
Grant to Affiliate					
Supportive Care Services		19,980	-	19,980	19,980
Home Based Services		38,204	-	38,204	89,248
Health Improvement Initiatives		8,526	-	8,526	16,442
Community Health, Wellness and Social Centres		220,759	18,286	239,045	199,926
Community Care Initiatives		-	-	-	483
Emergency Response Services		157,592	1,178	158,770	142,314
Addictions Services		737	-	737	167
Community Health Services		44,383	-	44,383	47,750
Mental Health Services		24,453	-	24,453	27,290
Rehabilitation Services		5,556	-	5,556	12,674
Transfers to Foundations		-	-	-	383,578
		2,756,409	**119,719**	**2,876,128**	**3,204,602**
Net Revenues (Expenditures)	$	**5,406,641**	**128,450**	**5,535,091**	**(1,383,990)**
Balance of Funds at beginning of year		22,376,226	2,238,501	24,614,727	25,240,493
Interfund Transfers (Note 8)		1,344,129	(57,370)	1,286,759	758,224
Balance of Funds at end of year	$	**29,126,996**	**2,309,581**	**31,436,577**	**24,614,727**

† See also Schedule 1 - Expenditures Classified by Object

(See accompanying notes and schedules)

Sun Country Regional Health Authority